CHEMIST & DRUGGIST

the newsweekly for pharmacy

September 17, 1988

Aberdeen BPC: reports and pictures

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. . . as SGM call goes out

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Published Saturdays by Benn Publications Ltd, Sovereign Way, Tonbridge, Kent TN9 1RW
Telephone: 0732 364422
Telex: 95132 Benton G
Facsimile: 0732 361534

Subscriptions: Home £70 per annum. Overseas & Eire £87 per annum including postage. £1.45 per copy (postage extra).
Member of the Audit Bureau of Circulations

BBP Member – British Business Press

Regional advertisement offices: Midlands: 240-244 Stratford Road, Shirley, Solihull, W. Midlands B90 3AE 021-744 4427. North East and North West: Graeme House, Chorlton Place, Wilbraham Road, Manchester M21 1AQ. 061-881 0112. West Country & South Wales: 10 Badminton Road, Downend Bristol BS16 6BQ 0272 564827.

SEPTEMBER 17, 1988

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VOLUME 230 NO 5642 ISSN 0009-3033

COMMENT

The Royal Pharmaceutical Society has published its response to its working party report on membership public relations. And, while it contains no dramatic moves to make the Society more user-friendly, it is at least an attempt to open up the workings of Council and the executive and to present Councillors to the membership more frequently. The Society has often been reproached for its inaccessibility. Any attempt by Council to break down barriers, real or imagined, and to show a certain sensitivity in its dealing with members, is to be welcomed.

Members often get indignant when they are not privy to all Council's thinking behind a decision. The deliberations of Council committees will not always emerge when their findings and recommendations are presented for action. And on occasion Council does its business in "private" when its mind is necessarily closed. "Public" business is reported adequately in the pharmaceutical Press, given that minutes are a naturally limited method of reporting. So it is good that the working party is to examine whether more of Council debate can be held in open session.

Council is evidently in a mood to move towards more open government and it is to be hoped that the working party can push in that direction.

Another positive step was Council's acceptance that future reports of working parties convened by Council will be published in full before Council acts upon them. The membership will then be able to lobby Councillors. Whether such pressure will bear fruit depends on the quality of the case and receptivity of Council members. But at least members will have a chance to make known their feelings. Anything that avoids the recriminations surrounding the supervision issue is to be applauded.

Finally, Council has moved to improve relationships between the inspectorate and the membership. For some time inspectors have been schooled in the mysteries of body language and communication skills. Now they are to be encouraged to get out into the branches to "meet and speak". All well and good. We believe that, for the most part, inspectors are pragmatic and sensitive souls with a difficult task. The decision to announce their routine visits in advance is sensible. The law abiding pharmacist can then continue to go about his or her business with a clear conscience, and the few miscreants will still be faced with the possibility of an unannounced call.

Minister unveils new education board

Mr Michael Forsyth, Health Minister at the Scottish Office, used his opening address at the 125th British Pharmaceutical Conference in Aberdeen on Wednesday to announce a new body to advise on the continuing education of pharmacists North of the Border. But he failed to allay fears that the Government is considering the privatisation of pharmaceutical services in hospitals.

Health Minister at the Scottish Office, Michael Forsyth

Announcing the setting up of the Post Qualification Education Board, which will be based at the University of Strathclyde, Mr Forsyth said: "The Government has for some time been considering the re-organisation of post-qualification provision for pharmacists in the Scottish Health Service. The views of the profession were fully considered and the state of education provision elsewhere in the UK fully appraised."

Consultations are already underway to appoint the board's first chairman, Mr Forsyth said, paving the way for talks on the Board's administrative and financial requirements.

"Not only will the Scottish PQE Board effect significant improvements over the existing means of education provision in Scotland, but it will also afford Scottish pharmacists increased opportunities to develop and extend their health care activities and pharmacy practice."

Mr Forsyth took the opportunity to review recent developments. He said the pace of progress has speeded since the publication of the Nuffield Report, which "is still the subject of much thoughtful consideration for the Government and profession alike."

Mr Forsyth reiterated the Government's commitment to develop to the fullest the potential of the pharmaceutical service to contribute to cost-effective patient care and health promotion.

He said that a reliable foundation of practice research was a cornerstone to such development. He noted that while the Conference programme provided evidence of the range of research being undertaken "large tracts" remained unexplored, particularly in relation to the development of service provision. Mr Forsyth said the Government considered data in this area to be an important requirement; funding would be provided "in due course".

In a reference to the supervision issue Mr Forsyth warned: "As long as pharmacists spend much of their time directly involved with prescription dispensing, the real benefits that can accrue from their knowledge and expertise are not being fully realised. Consequently, it is essential that pharmacists move to delegate some of their hitherto accepted responsibilities to suitably trained assistants."

Supervision: 'Council's proposals deserve profession's full support'

Mr Forsyth added that the Council's proposals deserve the full support of the profession. Discussions with the Government are proceeding on the arrangements required to facilitate and legalise a solution acceptable to all parties.

Turning to hospital pharmacy, Mr Forsyth said that a circular from the Health Departments, requiring health authorities to examine and maximise the use of their hospital pharmaceutical services, will be issued shortly. He said the application of clinical pharmacy throughout the hospital service was a particularly important recommendation, and is "seen by the Government to offer benefits to patient care and to help achieve the optimal use of NHS resources." Mr Forsyth drew attention to Scotland's AIDS/HIV problem, where the infection is predominantly a problem of intravenous drug misusers. He paid tribute to the Society's Scottish Department for its "extremely constructive approach to this difficult problem."

"Our hope is that a relatively small but effective network of retail pharmacists willing to sell equipment and provide information will be established to meet the needs of misusers," he said.

Mr Forsyth then ran down the Government's contribution to NHS expenditure in Scotland: up from £1bn in 1979 to £2.25bn in 1987/88 — "a 26 per cent increase in real terms".

But, he said, adequate funding alone is not enough. "Cost-effectiveness and value for money must be constantly sought, so that savings can be re-invested in patient care."

A key element in the Government's policy was competitive tendering — "not privatisation".

Savings in Scotland through improving in-house services had, by March 1988, released £22m for patient care. But, said Mr Forsyth, competitive tendering remained the "ultimate test of cost-efficiency". Domestic and catering services represented only a limited programme, he said.

And, in saying that savings achieved should be re-invested Mr Forsyth stressed that the Government was not forgetting that "prevention is better than cure".

"Together with the health authorities, and among others the pharmaceutical profession, we must reassess our preoccupation with cure and give more organised and concentrated attention to prevention. The co-operation of the Society in the AIDs initiative provide a good illustration of prevention being central to the policy initiative," Mr Forsyth said.

'We must reassess our preoccupation with care and look more at prevention'

"As other issues come to the fore, it is important that we continue to demonstrate our shared determination to provide the public with a pharmaceutical service that is recognised not only for its high standards and efficiency, but also for its ongoing contribution to improved patient care."

Silverman in 'privatisation' row with Minister

Society president Bernard Silverman delayed the start of his prepared text to issue a stern rebuke to the Scottish Health Minister over his remarks on competitive tendering.

The president said: "While competitive tendering may appear to provide a solution to cost-effectiveness in some sectors of the health services, you should hesitate before tinkering with it in those areas of proven efficiency in the health services in Scotland, and particularly in Aberdeen."

Speaking later, Mr Silverman indicated that his remarks related specifically to pharmaceutical services and he added that many of the services being provided by hospital pharmacy units had been proven to be cost-effective. He would not like to see competition between tenders which would save money "but which may not offer anything like the same service".

Mr Silverman's remarks bought, in return, a counter-charge from Mr Forsyth, in a later Press conference. "I think it is never good advice to suggest one shouldn't explore any opportunity, particularly if the prize may be a better provision of services and improved opportunity for patient care," he said. "It is probably good advice to proceed carefully, but I would take a dim view of those who say it is all right to look at catering and so on for competitive tendering, but hands off professional services."

Mr Silverman then challenged the Health Minister to say whether he was considering competitive tendering of hospital pharmacy or even High Street community pharmacy. Mr Forsyth replied that exploring all the options was the way forward.

President proclaims supervision message once more

Continuing difficulties in the hospital service and the strides the Royal Pharmaceutical Society has made in putting into action recommendations of the Nuffield Report were the main ingredients of Society president Bernard Silverman's prepared address to Conference. The president did, however, have one more try at getting the Council's revised concept of supervision across to members

RPSGB president Bernard Silverman

"Pharmacists are poised to extend the services they provide both within the NHS and in non-Government funded health care," Mr Silverman told the conference.

In its Green Paper and the later White Paper "Promoting Better Health" the Government had confirmed its belief that pharmacists have "untapped potential" to make a major contribution.

He told Mr Forsyth: "We must both ensure that this potential is utilised to the full for the benefit of the public we both serve."

Mr Silverman said hospital pharmacists would be especially keen to hear what Mr Forsyth had to say. He hoped a Departmental circular giving guidance to health authorities about the future development of hospital pharmaceutical services would not be delayed much longer. (Details of the draft circular, which suggested that health authorities should further the cost-effective use of medicines by instituting clinical pharmacy programmes, were revealed by *C&D* two months ago July 16, p96).

"It was as long ago as February 1987 that my predecessor met the then Minister of Health to discuss the serious problems in the hospital pharmaceutical service," Mr Silverman said. A wide ranging view of the service had been rejected, and the results of an internal review had been continually delayed, to the disappointment of pharmacists throughout the country.

"The contribution that hospital pharmacists can make towards both economy and maximum therapeutic benefit in the use of medicines has clearly been demonstrated and it is incomprehensible to us that there should be any further delay in promoting the extension of these benefits," Mr Silverman said.

He added that the concern he expressed at last year's Manchester Conference over staffing has not been allayed. "There are serious problems of recruitment and retention of hospital pharmacists. If that is allowed to continue, it is bound to place in jeopardy not only the expansion of the service that we and you wish to see, but indeed the maintenance of the quality of service that has been provided until now. What must be achieved is a starting salary that is seen to be reasonable, bright career prospects and a promise of work that will give professional satisfaction."

Turning to the Nuffield Inquiry, Mr Silverman said that the lengthy consultation exercise, for which he made no apology, was now over and Council was developing a detailed "action plan". He took the topic of pharmacy education as his illustration that Council has "by no means been all talk and no action". The formation of the education division of the Society was a vital step forward, he said. In the schools of pharmacy, Society teams visiting for validation of degree courses were pressing for a greater emphasis on practice-related teaching and communication skills. A working group on the teaching of social and behavioural sciences in the undergraduate course is about to be established; the pre-registration year has been reviewed with a competancy-based training programme and developed.

'Continuing education based on the premise of voluntary participation'

The Education Division has also embarked upon evolving a strategy for the future of continuing education. "It will be based on the premise that participation will continue to be voluntary. At the same time, however, the Council will investigate the feasibility of linking, in due course, continued registration as a pharmacist with an assessment of competence in practice," Mr Silverman said.

He then went on to examine the supervision controversy. "It has been suggested that the policy Council has outlined represents a relaxation of those standards of control and supervision which presently apply. That, of course, is just not true," Mr Silverman said.

"It is misconstrued that pharmacists would be able to absent themselves from their pharmacies to undertake additional professional work. Again, that is not true. Council has not accepted the Nuffield recommendation which would have permitted longer absences from pharmacy premises.

"Council's objective is to ensure that the person who visits a community pharmacy to buy a medicine, or to have a prescription dispensed, obtains a service that involves the pharmacist at the point at which his expert knowledge can best be applied. What Council wishes to see is the pharmacist delegating, under a carefully prepared written procedure, such tasks as can properly be delegated to staff who will be trained, among other things, to recognise when the direct involvement of the pharmacist is required.

"Every prescription for a medicine will be seen and assessed by the pharmacist who will then decide what further involvement on his part is necessary. One decision will be whether that particular dispensed medicine needs to be seen in its final form.

"The assumption and exercising of responsibility remains as absolute as it does now, but the professional decision will properly become that of the pharmacist and not be prescribed solely within a legal framework," Mr Silverman said. "I must emphasise that there is nothing in Council's policy that would prevent a pharmacist who does not wish to exercise the option that I have outlined, from continuing with current procedures."

Council wishes to encourage the release of the pharmacist's time within the pharmacy, and those pharmacy owners who wish to provide a service outside the pharmacy to residential homes and in domiciliary pharmaceutical services, will do this through the engagement of a second pharmacist or, in exceptional cases, by a reduction of contracted hours.

Mr Silverman said: "When we describe the pharmacist as 'the health professional you see most often', or encourage members of the public to 'Ask your pharmacist', we create an expectation that must be satisfied at the pharmacy if the profession is to develop along the path Council envisages. I am confident many of the genuinely expressed fears will be laid to rest once and for all when Council produces a model written procedure for adoption in pharmacies."

Looking to the Government's NHS review, Mr Silverman said all the indications are that the Government will recognise that the British public will insist on the maintenance of a health service that is centrally funded from taxation.

"For their part pharmacists are ready to make their full contribution in the field of health education and prevention; in helping those suffering from minor and self-limiting ailments; and in ensuring the expertise of the pharmacist is available to the prescriber; in ensuring that patients derive maximum therapeutic benefit through advice when dispensing.

BPC 1988 ABERDEEN

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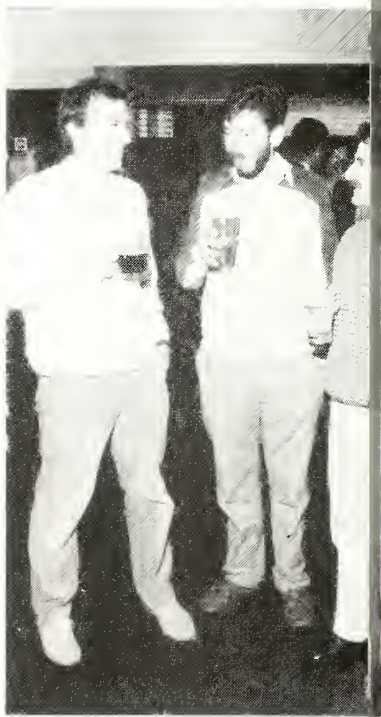
Conference

Welcome to Aberdeen

(Left to right) Old hospital pharmacists get together — former Guild president William Mott and his wife Joyce, from Sheffield, and Charles Preston Robinson, secretary of the Mansfield and District Branch and Guild honorary vice-president and his wife Betty.



(Left to right) From the University of Str David Watson with Derek Hollingsbee a Delargy, both with Squibb in the Wirral

(Left to right) Improving collaboration between industry and academia: Dr Steve Douglas from Glaxo; Dr Julian Gilbert of SK&F; and research postgrads from Bath, Eddie French, Valerie Pape and Joanne Kennedy

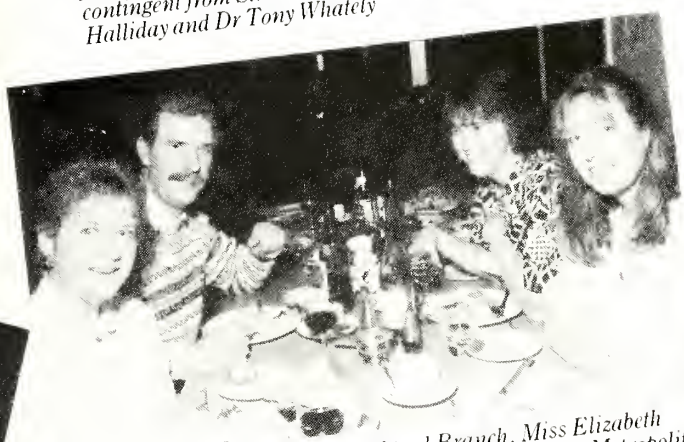
(Left to right) An international gathering: RPSGB assistant secratary Bruce Rhodes; Professor David Ross from the School of Pharmacy at the University of Colorado, USA; Mrs B. Stewart, head of the Society's education department; Mrs Judith Parfitt, a hospital pharmacist from Australia; Professor Robert Parfitt from Australia and Mr Anthony Morgan, Chief standards expert from South Africa's Bureau of Standards pharmaceutical division

(Left to right) Local committee member Mrs Pat Collar with lecturer Dr Ron Moody from Robert Gordon's Institute of Technology, and Clive Hodgson and Martyn Blundell, both hospital pharmacists from Torbay

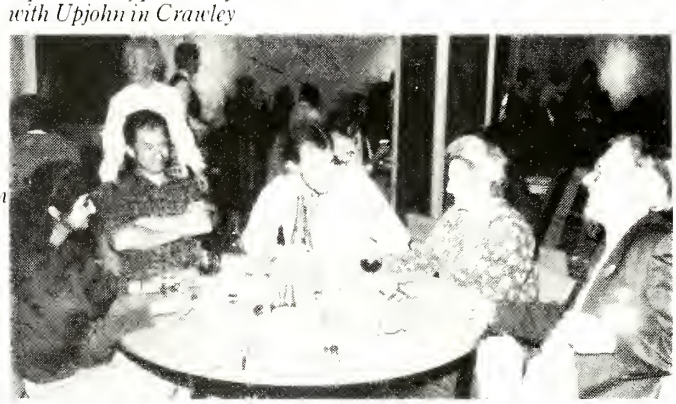
(Left to right) Aberdeen locum Liz Kemp and fourth year student Gillian Cruickshank show the way to a contingent from Strathclyde: Janice Cooke, Janet Halliday and Dr Tony Whately

(Left to right) Chairman of the Southend Branch Mr Lawrence Collin, Professor John Dearden, Professor of medical chemistry at Liverpool and Mrs Erika Hooper from Worms, West Germany

(Left to right) Dr Ray Hooper from Boehringer-Mannheim registration department in Worms, West Germany; Dr John Clements of Inveresk Research International, based in Edinburgh; Mr John Lyall from the department of pharmacy at Heriott Watt; and Dr Gordon Marr, now with Upjohn in Crawley



(Left to right) Chairman of the Blackpool Branch, Miss Elizabeth Read with her colleague Peter Welsby, and from the S.W. Metropolitan Branch Anne Cole and Sylvia Graham, both pharmacists at Putney Hospital



(Right to left) RPSGB Council members Professor Geoff Booth and Mrs Magaret Puxon QC with Mr Neil Baker (Aston), Dr Saul Tendler, who has just taken up a post at Nottingham and Miss Aarti Naik (Aston)

(Left to right) From Northern Ireland, hospital pharmacist Dr Michael Scott from Ballymena; Dr James Boyd, an industrial pharmacist with Merrell Dow; Dr James McElnay and Heather Benson, both from the pharmacy department at the Queen's University of Belfast; and Mr Jeremy Proctor, a Scarborough hospital pharmacist

(Right to left) An intellectual gathering: Dr Gordon France and Mandy Mercer, both with SK&F in Welwyn Garden City; Mr R. Marriott from Glaxo; and from the School of Pharmacy at Bath, Dr Colin Pouton, Dr Stephen Moss and Debbie Challis

Davies 'waits for post' before requesting SGM

A request for a special general meeting of the Royal Pharmaceutical Society over the supervision issue now looks a certainty.

Rural Pharmacists Association secretary John Davies — who proposed the motion against the Council's stance on supervision and for a "final check" by a pharmacist of all dispensed prescriptions — told *C&D* this week that he sent out 800 letters to LPC and local branch secretaries and members of the RPA asking for support.

He says when he gets the 30 signatures necessary — "as I undoubtedly will" — he will be requesting RPSGB secretary and registrar John Ferguson to call a special general meeting to debate a motion of "no confidence" in the Society's Council following its response to the motion passed at this year's AGM.

"I'm waiting for the post," said Mr Davies. "The letters asking for support went out just before the postal strike."

☐ A requisition in writing from no less than 30 members of the Society may require Council to call a special general meeting for a specified purpose. The meeting would be convened within a "reasonable time" as the Council sees fit.

'Loadsamoney' Government has no need for NHS charges

The bulging coffers of the Treasury have strengthened the case against imposing charges for eye tests and dental examinations, Mr Robin Cook, Labour's Shadow Social Services Secretary claimed earlier this week.

He has written to Mr Kenneth Clarke, the Health Secretary, urging him not to call on the Commons to reverse the defeat suffered by the Government in the House of Lords when the provisions authorising the charges were deleted from the Health and Medicines Bill.

Mr Cook warned: "If Mr Clarke tries to restore these charges to the Bill he will make health matters a contentious issue in the months ahead."

Mr Cook maintained that the Government would look all the more foolish if it persisted with the charges. "The treasury is now sitting on a surplus of income over expenditure of £10bn, three times the amount forecast in the Budget in the Spring. One fiftieth of that sum would remove the need for charges for eye tests and dental examinations."

Dame Jill Knight, one of 60 Tory backbenchers who have signed a Parliamentary motion asking the Government to accept the Lords' decision, forecast that the Government would be in considerable trouble "if all the Conservatives who have expressed this opinion vote accordingly."

Mr Clarke is likely to prefer the view of the Government Whips that most of the signatories of the motion will prove to be "chocolate soldiers" who melt away as the Government raises the political temperature by insisting that its defeat in the Lords should be overturned.

Dame Jill commented: "It is ridiculous for the Government to say that the money (raised by the charges) is going to be used in preventive medicine. What could be more preventive than having these tests which otherwise people might be unwilling to undergo."

Move to NUS privatisation irresitable?

Privatisation of NHS services cannot be resisted but pharmacists should put pressure on the Government so that, when it happens, it is not to the detriment of pharmacy or patients.

That warning came from Mr E. Nabi, principal pharmacist, Southend General Hospital, when speaking at a Young Pharmacists' Group regional conference held recently at the Royal Pharmaceutical Society's headquarters. When writing tenders the profession must be careful that pharmacy did not become merely a supply service, he said.

He questioned why there had been no guidance from the professional bodies on the matter. "Other professions have had their say — it is time for pharmacists to wake up and be heard," he told the audience.

Dr Jackie Reilly, Baxter Healthcare, described the joint ventures already operating between the company and the NHS at Mount Vernon (cytotoxics) and Kingston (intravenous additive antibiotics). In both cases the burden of production had been taken away from the NHS pharmacists, freeing them for other duties. She emphasised that co-operation and team effort had led to better patient care, increased efficiency and savings to the NHS.

During a session on medicines advertising, Paul Byrne, pharmacy superintendent, Lloyds Chemists plc, pointed out that advertising to the public had increased since the limited list. If blacklist products were to survive, the manufacturers had to go direct to the consumer. When Pharmacy Only products were advertised, the public was directed away from grocers into the pharmacy where they received the pharmacist's expert guidance.

"Silverman saw his speech at the beginning and decided it needed no further supervision."

Rebound from the past

Sufferers from some forms of heart disease can blame their genes and evolution, according to Dr James Scott, of the Medical Research Centre Unit, Harrow.

High blood cholesterol levels are beneficial to humans in a hostile environment where meals are infrequent and there is a need to conserve energy in the form of sugars and fat, in order to survive, Dr James Scott told the British Association conference, Oxford. This environmental pressure will probably lead to modification of their genes to allow cholesterol to be held in the blood.

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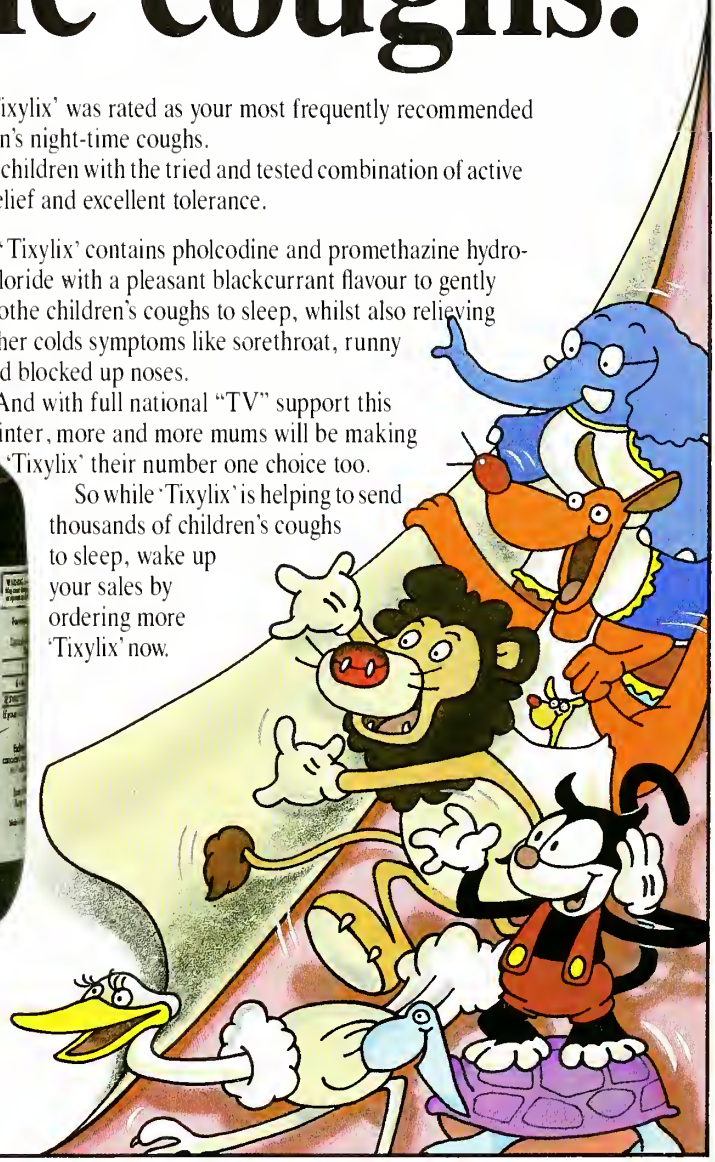

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Towards better Society PR?

Pharmacists should receive advance warning of inspectors' routine visits from late this Autumn.

The new scheme is one of a number of measures aimed at improving the Royal Pharmaceutical Society's image with the membership, proposed by Council's working party on membership public relations.

The working party recommended that the approximate timing of routine visits by inspectors should be notified in advance: "We would envisage a non-specific notification, rather than one with a date and time, but worded along the lines 'I hope to be in your area during the week commencing..., and look forward to seeing you.' This would remove the element of surprise which can, in our view, sometimes generate unnecessary antagonism, and more important, would significantly reduce the likelihood that the owner/superintendent/manager pharmacist would be away on holiday or legitimately away from the premises, leaving a locum or deputy who may be unable to answer fully the inspector's questions."

Ashwin Tanna was the sole member of the working party to oppose this recommendation. Other members were Professor Geoff Booth, David Allen, Alan Nathan and Bob Timson.

Council decided that specific appointments for routine visits were out of the question because inspectors often had to adjust their planned programmes at short notice when urgent matters arose. But Council accepted the value of including announced routine visits within a total enforcement package which would also include some random unannounced visits, plus unnannounced visits to follow up points raised during routine visits and when there was any reason to suspect a breach of the law following a complaint.

Arrangements for announced visits will come into effect as soon as all the administrative details have been resolved.

Council turned down the working party's proposal to replace the title "inspector" by a less emotive word because it believed the title properly described the function of the Society's inspectorate. Council also decided against a survey to evaluate the feelings of the membership on their relations with the inspectorate.

But Council backed a proposal that inspectors should be encouraged to speak at branch meetings and supported recommendations seeking better training for inspectors in "human interactions."

Other actions agreed by Council and published in the *Pharmaceutical Journal* last week included:

- A brochure giving information about the Society should be distributed to every member.
- Each Council member should aim to visit six to eight branches each year for an "any questions" session and should try to increase the number of other branch and regional meetings they attend each year. Senior staff of the Society should also make more branch visits.
- "Branch question days" could be held at Lambeth and the Scottish Department and there should also be two "open days" a year for members to visit the headquarters building.
- The number of observers at Council meetings should be increased to six and the branches asked, in rotation, to nominate members to attend. Council believed that installing closed circuit television to allow more people to watch the public sessions would be too expensive.
- Pharmacists wishing to contact an individual member of Council could do so via the headquarters in London or Scotland. Council opposed the publication of members' telephone numbers.
- There should be increased contact between the Society and pharmacy students. Among the recommendations turned down by Council were:
- That a monthly two-hour Council "phone-in" be organised on the Wednesday afternoon of Council meetings.
- That Council acquires suitable premises, close to Lambeth, for residential and social use by pharmacists visiting London.
- That the content and nature of the Society's AGM be reviewed.

Aerosol beats CFC problem

The natural expansion and contraction properties of rubber could provide one answer to those seeking a substitute for the chlorofluorocarbons of traditional aerosols, according to Osmond Aerosols.

Their new Exxel system is said to be able to dispense a whole range of viscosities — from gels and creams to fine sprays — at any angle, and the company sees many potential uses in the pharmaceutical and optical fields.

The system comprises a pleated inner bottle of thin plastic (PET) and an outer rubber sleeve. Both expand when the bottle is filled under pressure and propulsion is generated by the rubber sleeve's natural tendency to revert to its original size.

Osmond say that Exxel offers product purity as it is tamper resistant and airtight; it can be sterilised pre- or post-fill, and offers extended shelf-life.

Currently available in two sizes — maximum fill 140ml and 230ml, — Exxel can be packaged inside any material from plastic to glass, opening up new shape design possibilities, say Osmond.

The system has already been launched in the US and Japan. Osmond Aerosols, distributors of Exxel in the UK and Eire, are custom contract fillers of aerosols with plants in Grimsby and Scunthorpe.

☐ As hospital pharmacists will be aware, such a concept, albeit it in a rather different context, forms the basis of the Travenol Infusor. The Infusor, designed chiefly for cytotoxics has a drug reservoir comprising a tough latex membrane, which contracts pushing the solution through a giving set at a controlled rate.

Extra lift in high bran diet?

A healthy diet of high bran bread and muesli may not be so innocuous as it is thought to be, according to Dr David Conning, director of the British Nutrition Foundation.

A high bran diet could result in a daily intake of 100 micrograms of ergot alkaloids, including LSD, about four times the minimum dose that can induce a stimulating effect on an inexperienced user.

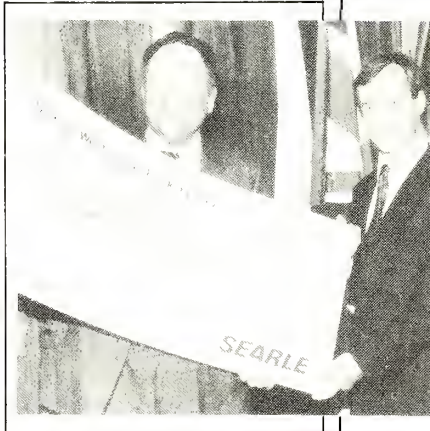
Speaking at the British Association conference in Oxford, Dr Conning dealt with food components that may influence behaviour by non-immunological mechanisms and suggested that food choice may be as much influenced by the behavioural consequences of food components, as by the more conventional attributes such as appearance, flavour and learned preference.

The role of foodstuffs in human behaviour has been controversial since the 1930s, when it was first suggested that food components could give rise to allergic reactions said Dr Conning. The debate continued and had been heightened by widespread publicity in the Press and on television.

Dr Conning dismissed the claims that "junk food" and food additives caused children to become aggressive or hyperactive, and said that the effects of tartrazine and aspirin derivatives had been wildy exaggerated. The resultant furore had served to obscure the scientific basis that might exist for such reactions, and divert attention from psychoactive substances that undoubtedly occured in foods.

He said that in any attempt to classify behavioural response to food there was a problem relating to the effect of pain such as headache, joint and abdominal pain, discomfort or itchiness that the individual may be suffering at the time. Thus Dr Conning only attempted to indicate the possible source of behavioural change and ignored any immunological cause, as the detection of all possible challengers could not yet be guaranteed.

Dr Conning classified the non-immune reactions to food that result in behaviourial changes as anaphylactoid due to the release of mediators, pharmacological, and psychoactive.



G.D. Searle donated £2,000 in support of the British Olympics team in response to a Lomotil promotion scheme. Seen here is Nick Foster, senior product manager of Gold Cross Pharmaceuticals, presenting the cheque to Mr G. Nicholson, appeals secretary at the British Olympic Association

ARE YOU A SHAREHOLDER MEMBER OF UNICHEM?

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The shares earn interest†,
and you can sell them back at any time for what you paid for them.

UniChem

OF, BY, and FOR PHARMACY

This advertisement has been issued by UniChem Limited ("the Society") in order to promote its share scheme. It has been approved by Phillips and Drew Securities Limited which provides corporate finance services to the Society. If you are in any doubt about the implications of the Share Scheme you are recommended to obtain the advice of your investment advisers. Under the Society's rules the shares may not currently be transferred or sold to any third party. The shares will only become transferable if the Society is converted into a Public Limited Company following an appropriate resolution of the Members in General Meeting.
***Full details of the scheme and the basis of valuation are set out in UniChem's updated document "Heralding The Next Era" †The rate of interest is as recommended by the directors and approved by the Members at the AGM.**

TOPICAL REFLECTIONS

by Xrayser

Problems for heart drug

Beecham put out a statement this week confirming that human trials on cromakalin in hypertension, had been suspended, following the discovery of lesions in the heart tissue of some of the monkeys being studied in simulated long term treatment trials.

Beecham say that it is too early to say if the problem is a significant one, but point out that these effects have only become evident after dosages exceeding 100 times the clinical requirement for a period of over a year. Short term clinical trials for the drug's indication in the treatment of asthma are to continue. The investigation into the problem might take up to ten weeks, but until the position can be evaluated the 750 patients taking part in the trial will be taken off the treatment.

Cromakalin is a new cardiovascular drug which reduces blood pressure by increasing the flow of potassium ions through muscle membranes, and is regarded as one of Beechams most promising drugs originally intended for launch during 1992/3. As this news hit the Stockmarket on Monday, Beechams shares fell.

NEC distance learning

A distance learning course for pharmacists is being offered by the National Extension College.

The three-module continuing education package covers a wide range of topics relevant to community practice, for example, constipation, chronic respiratory disease, nausea, first aid, indigestion, etc. Participants work through the modules and answer a series of multiple choice questions which are sent back to the NEC for computer marking.

Community pharmacists or those intending to enter community practice may reclaim the course fee from the Department of Health via their regional pharmaceutical officer. The package has been approved by the Royal Pharmaceutical Society and was mailed to pharmacists in East Anglian, Oxford and Wessex regional health authorities in late 1986 and early 1987 as part of a pilot project.

The material is available from the College, 18 Brooklands Avenue, Cambridge CB2 2HN.

Chaos?

I like my postie. His name is David, and as he and I go fishing together, I have some understanding of what started this postal dispute. It's not so different from our experience in the hospital service, since it seems they were originally asking for a decent London weighting, not just to encourage staff, but to keep them.

The secondary strikes are another thing; I don't know anything about them, except that they are causing all of us considerable problems. Out there in postie-land I have a couple of special stock items, some tablets ordered and posted by the makers, and at least a dozen cheques (due to me) all sloshing round some non-sorting office. Fortunately I got the scripts posted early, along with the clearing house and sundry payments since my staff member who helps with my accounts was going off on holiday. Clever old us!

I haven't done my VAT return yet, so there's hope. Will the VAT office accept a claim if I send them a fax? Would the NPA accept a simplified statement of the accounts I paid if I also arrange a credit transfer? And I'm beginning to think that if companies listed a fax number on their statements it might make sense for an emergency. Maybe if fax machines get cheaper, say £200 odd, it might even be economic? But even if the Post Office sort things out this week, all those programmed company computers are going to be churning out millions of final demand notices automatically of course, adding yet more profits to the Post Office.

Onward. Alone?

Ashwin Tanna to his great credit, soldiers on. I think we have to have the names of those who voted for the AGM firmly and repeatedly put before us. In the next Council elections we must show our approval of them... and make clear our feelings to the others.

I'm not going to go over the same old grounds for our unhappiness with Council's attitude; but if Nuffield suggests we have a wider role in the community, outside of our pharmacies, the only way we can fulfill that role in addition to our existing one, is to employ a second pharmacist so that one can go walk-about in the community. Alternatively neighbouring pharmacies could consider joining forces in one bigger business. But so far as I am concerned we are not in a position to bury our dead and so the proposition that we see a script some time during its progress through our hands is a non-runner.

I have first class staff. Even so, they do make errors, sometimes simple picking errors. And I check and discover them. Two or three a year and potentially dangerous. And I can make mistakes myself, despite three checks in the process of dispensing. I have to live with my vulnerability to human error, but as a professional accept responsibility. But the thought of leaving my staff to get through, say a hundred scripts — which I looked over before popping out on a domiciliary visit — is unthinkable. Yet such a situation will arise if the Society goes on its way with our powers to do anything about it lost. We are in danger of leaving ourselves dangerously exposed.

Scottish debt principles

I liked the comment by Ian Mullen — Scotland's PGC chairman — "It is always better to have money at the time than be underpaid and build up a large debt by the Government". Dead right. It took me years to realise this fundamental truth. Another might be: "It is better to accept what is offered rather than refuse on principle." (There goes my credibility as a man of principle).

SCRIPT SPECIALS

Pfizer's new antifungal

Pfizer have introduced Diflucan capsules containing fluconazole, an orally active antifungal agent. The product is the first of a new class of antifungal compounds, called triazoles and is indicated for both oral and vaginal thrush.

Manufacturer Pfizer Ltd, Sandwich, Kent, CT13 9NJ
Description Diflucan 150mg capsules are blue, marked 'FLU 150' and 'PFIZER' and contain 150mg fluconazole, and Diflucan 50mg capsules are blue and white, marked 'FLU 50' and 'PFIZER' and contain 50mg fluconazole
Uses Acute or recurrent vaginal candidiasis, oropharyngeal candidiasis and atrophic oral candidiasis associated with dentures
Dosage For vaginal candidiasis, a single dose of 150mg; for oropharyngeal candidiasis, the recommended dose is 50mg once daily for seven to 14 days, and except in patients with severely compromised immune function, treatment should not normally exceed two weeks; atrophic oral candidiasis 50mg once daily for 14 days, normal dental hygiene measures should be followed. Dosage should be reduced in patients with impaired renal function, see Data Sheet
Side effects Nausea (2.2 per cent), headache (1.6 per cent), abdominal discomfort (1.4 per cent)
Contraindications, warnings etc Do not use if known hypersensitivity to fluconazole or related triazole compounds. Not recommended in children or pregnancy, or women of child-bearing potential unless adequate contraception is used. Abnormalities of liver enzymes have been reported. May prolong prothrombin time in patients on warfarin therefore anticoagulant dosages should be carefully monitored when used together. Prolongs the half-life of tolbutamide but no adverse effect on plasma glucose has been seen. See Data Sheet
Supply restrictions POM
Packs Blister pack containing one 150mg capsule for single dose therapy (£7.12) and a calendar pack of seven 50mg capsules (£16.61, both prices trade)
Product licences Diflucan 50mg 0057/0289, 150mg 0057/0290
Issued September 1988

Sudafed Plus

Manufacturer Calmic Medical Division of Wellcome Foundation Ltd, Crewe Hall, Crewe, Cheshire, CW1 1UB
Description White tablets containing triprolidine hydrochloride 2.5mg and pseudoephedrine hydrochloride 60mg, scored and coded "Wellcome M2A". Golden yellow syrup containing triprolidine hydrochloride 1.25mg and pseudoephedrine hydrochloride 30mg in 5ml
Uses Symptomatic relief of allergic rhinitis
Dosage *Adults and children over 12 years* One tablet or 10ml three times a day; *12 years* 5ml three times a day; *two-five years* 2.5ml three times a day.
Side effects, contraindications, warnings, etc As for other products containing pseudoephedrine and triprolidine, see Data Sheet
Supply restrictions P
Packs Securitainer of 100 tablets (£5.93) and bottles of 1 l (£9.65 both prices trade)
Product licences Tablets 0003/0248, syrup 0003/0247
Issued September 1988

Pentacarinat

May & Baker's pentamidimine injection which was relicensed in July, is now called Pentacarinat, and its use for the treatment of *Pneumocystis carinii* pneumonia, when administered by a nebuliser has been approved. The Product Licence is 0012/0193. *May & Baker Pharmaceuticals Rhone-Poulenc Ltd. Tel: 01-592 3060.*

New Rapifen

Janssen Pharmaceuticals are introducing Rapifen concentrate, an injection containing alfentanil hydrochloride 5mg in 1ml ampoules. The Product Licence is 0242/0131. *Janssen Pharmaceuticals Ltd. Tel: 0235 772966.*

BRIEFS

Berk Pharmaceuticals have introduced the following to their range of generics: metoprolol tablets 50mg (56, £2.64) and 100mg (56, £4.90); Pentazocine tablets 25mg (100, £8.23) and capsules 50mg (£17.42) and piroxicam capsules 10mg (60) and 20mg (30, both £9.25, all prices trade). *Berk Pharmaceuticals. Tel: 0323 641144.*

Hillcross Pharmaceuticals are extending their generics range with: aqueous cream (100g, £0.88); pilocarpine eye drops 1 per cent (£1.11), 2 per cent (£1.20), 3 per cent (£1.36) and 4 per cent (£1.51, all 10ml); and triazolam tablets 125mcg (£1.72) and 250mcg (£2.32, both 30s; all prices trade). *Hillcross Pharmaceuticals Ltd. Tel: 0282 25932.*

Tabmocor 100mg tablets are now available in packs of 60 (£18.77 trade), and stocks of 100s are exhausted, say *Riker Laboratories. Tel: 0509 268181.*

Verkade has been repackaged and renamed Nutricia gluten-free biscuit and will shortly be available again, say *G.F. Dietary Supplies Ltd. Tel: 01-951 9155.*

Fluvirin inactivated influenza virus is available in 0.5ml prefilled syringes, from Monday September 19, say *Servier Laboratories Ltd. Tel: 02816 2744.*

Generics UK's cephalexin capsules 500mg are priced £29.85 for 100. *Approved Prescription Service. Tel: 0274 876776.*

COUNTERPOINTS

Numark attract City whizzkids

As part of their "Brightest Way to Shop" promotion, Numark are offering a top consumer prize of a car — the Metro City X.

Retailers are being offered a choice of "Top 20" videos, together with a free draw for a video recorder. And Kimberley Clark are also offering Marks and Spencer vouchers with a range of products.

"Extra fill keylines" include Colgate dental cream; Sunsilk hairspray and styling mousse; and Vosene shampoo. Other keylines include Contour Plus blades and razors; Denim Christmas coffrets; Dettol liquid; Durex; Flex haircare range; Gillette shaving range; Impulse body spray and Christmas coffrets; Kleenex paper range; Pennywise; Peaudouce Ultra babyslips; Soft and Pure cotton wool and Tampax tampons.

Own brand lines on promotion include: the Numark baby care range; sponges and NPA bags; flash products; plasters; packed goods; medicines; and Ultra Dri toddler nappies (10s and 20s) with free bib, and toddler 40s.

Family care lines include Alka Seltzer; Anadin; Anusol; Beecham Powders and hot remedies; Bonjela; Clearblue; Derbac; Dimotane; Feminax Kling Conforming Bandage; Lotussin; Mac; Milk of Magnesia; Nurofen; Optrex; Oxy range; Panadeine; Phensic; Rennie; Senokot; Sucrets; Suleo range; TCP Pastilles and Veno's. *Numark. Tel: 0985 215555.*

Laxoberal

Laxoberal liquid is now available in a 300ml size in addition to the existing 100ml bottle. The larger bottle has an rsp of £6.27 and has been introduced in response to an increasing demand from pharmacists say *Windsor Pharmaceuticals Ltd, Tel: 0344 484448.*

Empathy — skincare for the over 40's

Six years after the launch of Empathy shampoo, Johnson & Johnson enter the speciality skincare sector with Empathy Special Care.

Aimed at women over 40, the new range comprises cleansing lotion, moisturising cream, moisturising lotion and hand and body lotion.

Empathy moisturising cream (£3.29, 50ml tub), is designed for use morning or evening, containing — moisturisers, emollients, humectants and a UVA filter. The moisturising lotion (£3.29, 125ml bottle), is a lighter version of the cream for daytime use. Cleansing lotion (£2.79, 150ml bottle) contains humectants, emollients and silicones as well as cleansers and is applied morning and evening. It can also be rinsed off with lukewarm water.

And the hand and body lotion (200ml bottles, £2.19) contains two special silicones.

All products are lightly fragranced and the packaging is in the burgundy and livery of the haircare products. The Special Care range will be available from October, with a merchandiser unit holding four of each product.

An advertising campaign in the women's Press is planned from November say *Johnson & Johnson Ltd. Tel: 0753 31234.*

Pil-food gets a push

Lake Pharmaceuticals are spending £30,000 between now and next May on a mixed magazine and newspaper advertising campaign for their vitamin and mineral tonic capsules called Pil-food.

Pil-food is a Swiss product (100 capsules £19.68) which may shortly be undergoing trials in the UK. It is a leading brand in Belgium and Switzerland and permitted on the Spanish equivalent of the NHS.

Adverts will be appearing in newspapers *(The Financial Times, The Times, Daily Telegraph* and *The Daily Mail).* Magazine advertising covers a broad spectrum from *Harpers & Queen* and *Readers Digest* to *Here's Health* and *Hair.* Distributors *Lake Pharmaceuticals. Tel: 01-991 0272.*

Lucozade will be supported with a £1.5m television advertising campaign in October, again featuring the "traffic lights" commercial with Daley Thompson. *Beecham Bovril Brands. Tel: 01-560 5151.*

Ponds make a bigger splash!

Ponds have introduced a Rinse-Off cleanser to replace their Facial Wash and to "capture a wider and more varied audience".

The Rinse-Off Cleanser is said to be a modern, effective and light cleanser which "unlike most cleansers washes away with water". It is aimed at "the 75 per cent of women who wash their face with soap and water but dislike the drying effects that soap can produce", say Ponds.

The product is both fragrance and soap free and is said to leave the skin feeling refreshed. It also has a light moisturising effect which is said to leave the skin soft and supple after use.

The cleanser is in a flip-top tube with "fresh, green modern graphics" and will retail at around £1.75 for 125ml.

The new package is being backed by a £500,000 media push (MEAL). The Press campaign starts in October, running through until the end of December, and includes four colour page spreads and single page insertions in womens' interest magazines. *Elida Gibbs. Tel: 01-486 1200.*

Red Kooga's booster....

The recent Red Kooga ginseng radio tour promotion will be followed by a series of reader competitions in local newspapers, say English Grains Healthcare.

The competitions will offer the chance to win Red Kooga products and copies of "Ginseng, the Magical Herb of the East" by Dr Stephen Fulder who undertook the tour.

English Grains also plan a 25 per cent extra Red Kooga multivitamins and minerals pack offer. The pack (£1.86) will offer 45 tablets instead of 36 tablets and will be available from mid-September. *English Grains Ltd. Tel: 0283 221616.*

...and Calcia is into charity

A cheque for £10,000 will be presented to Linda Edwards, director of the National Osteoporosis Society by Robert Smith, the managing director of English Grains Healthcare.

English Grains have made a donation to the society for every pack of Calcia womens' calcium, iron and vitamin supplements sold. Calcia is said to help in the treatment of osteoporosis, and English Grains say that the money will help fund further research into the causes, treatment and prevention of this brittle bone disease.

An Autumn promotion will offer "10 per cent extra" Calcia packs with three more days dosage. (£2.49, 100 tablets). These special packs will be available shrink wrapped six per cent outer. *English Grains Ltd. Tel: 0283 221616.*

C-Vit's fit with Lulu

Beecham Bovril are offering a "Keep fit with Felicity Kendal and Lulu" exercise cassette to buyers of C-Vit orange, lemon barley or blackcurrant drinks.

It can be obtained with two tokens plus £2.99.

Tetra packs of C-Vit orange and lemon barley will have a 15 per cent extra free promotion from mid-October. *Beecham Bovril Brands. Tel: 01-560 5151.*

Setlers now bring extra strength relief

An extra strength variant has been added to the Setlers range from Beecham Health Care.

The General Sales List product contains dried aluminium hydroxide 375mg, and magnesium hydroxide 375mg.

It is presented as mint flavour tablets in blister packs of 24 (£1.35). And the recommended dose for adult and children over 12 is one or two tablets sucked or chewed when necessary, with a maximum of 12 in 24 hours.

The Setlers range will be supported with a £1.6m television advertising campaign from late Autumn. *Beecham Health Care. Tel: 01-560 5151.*

Ribena's berries back on TV

Beecham Bovril Brands are backing Ribena with a national £1m TV campaign during October, which features the new "non-drip cap".

The commercial demonstrates how Ribena can be poured with "no drips", no sticky hands and no sticky bottle," say Beecham Bovril Brands.

The "Ribenaberries" commercials have helped the brand to achieve a 20 per cent growth over the Summer months, the company says. And a new litre bottle size of Ribena Light will be introduced this month.

Ribena Light 600ml has captured 11 per cent of the market in its own right while the new litre bottle size will meet the demands of new users for convenience and value, says marketing manager Roger Scarlett-Smith.

The new 1 litre glass bottles will be launched with a 15 per cent extra free promotional offer. Advertising support for Ribena Light will be part of a £4.5m television and cinema campaign covering the complete Ribena range. *Beecham Bovril Brands. Tel: 01-560 5151.*

New look for Horlicks

Beecham Bovril Brands are relaunching traditional Horlicks this Autumn with new livery, in red, blue and gold.

The relaunch is to be supported by £1.2m spend, national television advertising campaign, starting from October, and lasting for six weeks. A further burst is planned for February 1989.

And a new Horlicks mixer has been designed, which is microwave and dishwasher proof. It will be featured in the campaigns and offered on packs of Traditional Horlicks jars for £4.99. BBB are also initiating a direct mail campaign which will include a coupon offering £1 off the mixer.

Low fat instant Horlicks will also be supported with a £100,000 advertising campaign. *Beecham Bovril Brands. Tel: 01-560 5151.*

Panadol's push

Sterling Health are extending their Panadol range with the introduction of capsules, containing 500mg paracetamol.

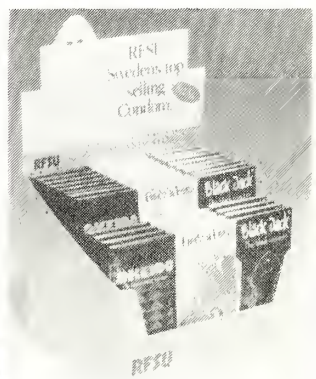
Two GSL packs are available, 12s (£0.89) and 24s (£1.59), and a new design has been introduced. Panadol capsules will be packed in outer trays, and counter displays and shelf reservers will also be available.

Sterling say a £1.5m television advertising campaign for the capsules will start with a six week burst in January 1989, and £3.5m will be spent on the whole range next year. *Sterling Health. Tel: 0483 65599.*

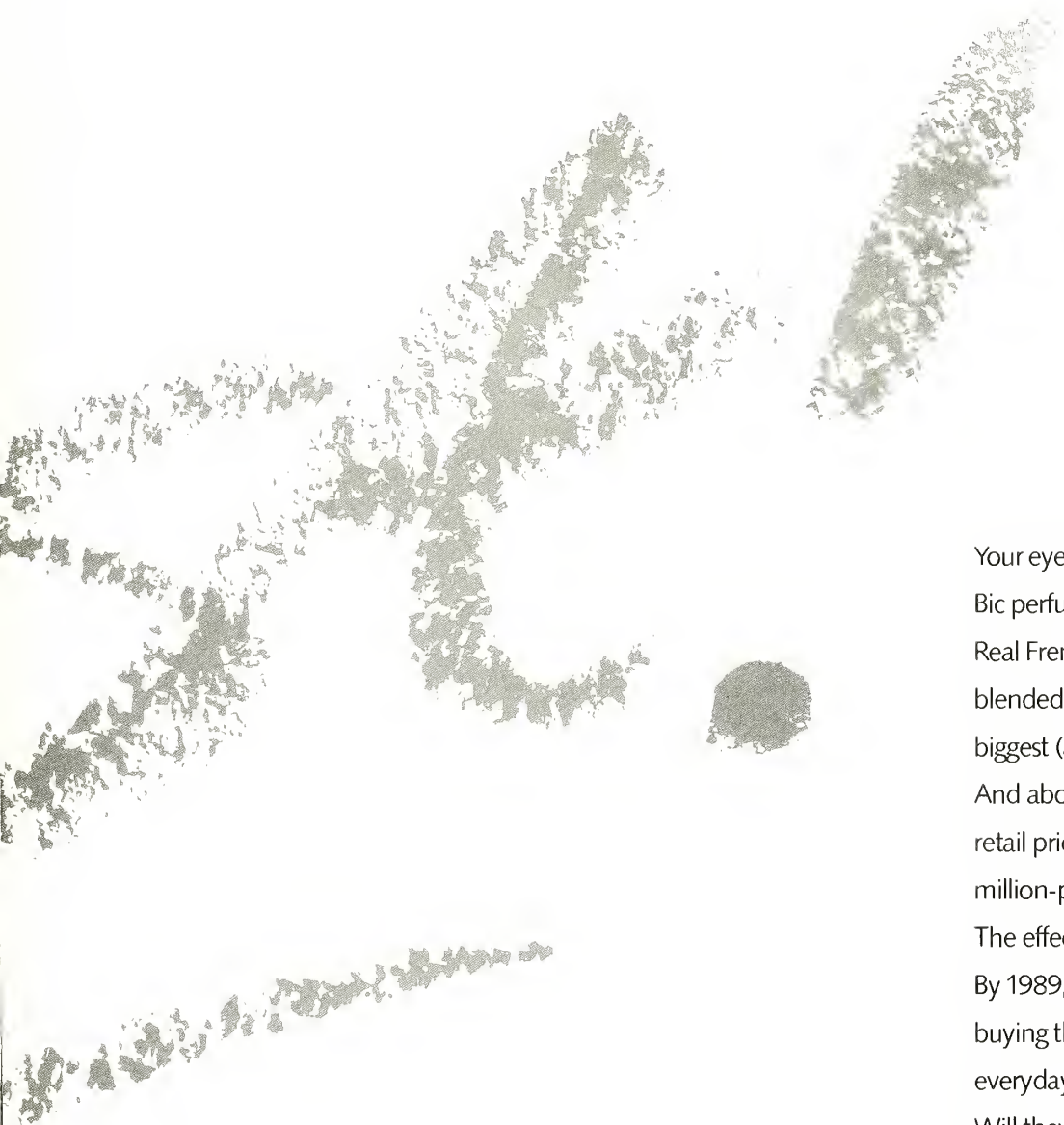
Condom incentive

Christy, UK distributors of Scandanavia's brand of RFSU condoms are now developing several retailer incentives to help build distribution following the "successful launch" of the product, they say.

The first appears at the end of this month when retailers will have the opportunity to receive a golf umbrella worth £15 on purchasing a three dozen merchandiser with two dozen back-up stock. *Distributors Thomas Christy Ltd. Tel: 0252 29911.*



Ever wondered what a million pounds sounds like?



(You're on the scent of a massive new market).

Your eyes aren't deceiving you. These are Bic perfumes.

Real French perfume, not eau de toilette, blended in France by one of the world's biggest (and best) perfumiers.

And about to be launched in the UK at a retail price of £1.85, via the "Pssst!" million-pound launch campaign.

The effect is going to be revolutionary. By 1989, 50,000 women a day will be buying their Bic perfume along with their everyday shopping.

Will they be buying their Bic from your store? That's your decision. But it's worth remembering Bic's track record for innovation across a wide-ranging product portfolio.

Because Pssst! isn't just the sound of a million-pound launch. It's the sound of a multi-million pound buying habit.

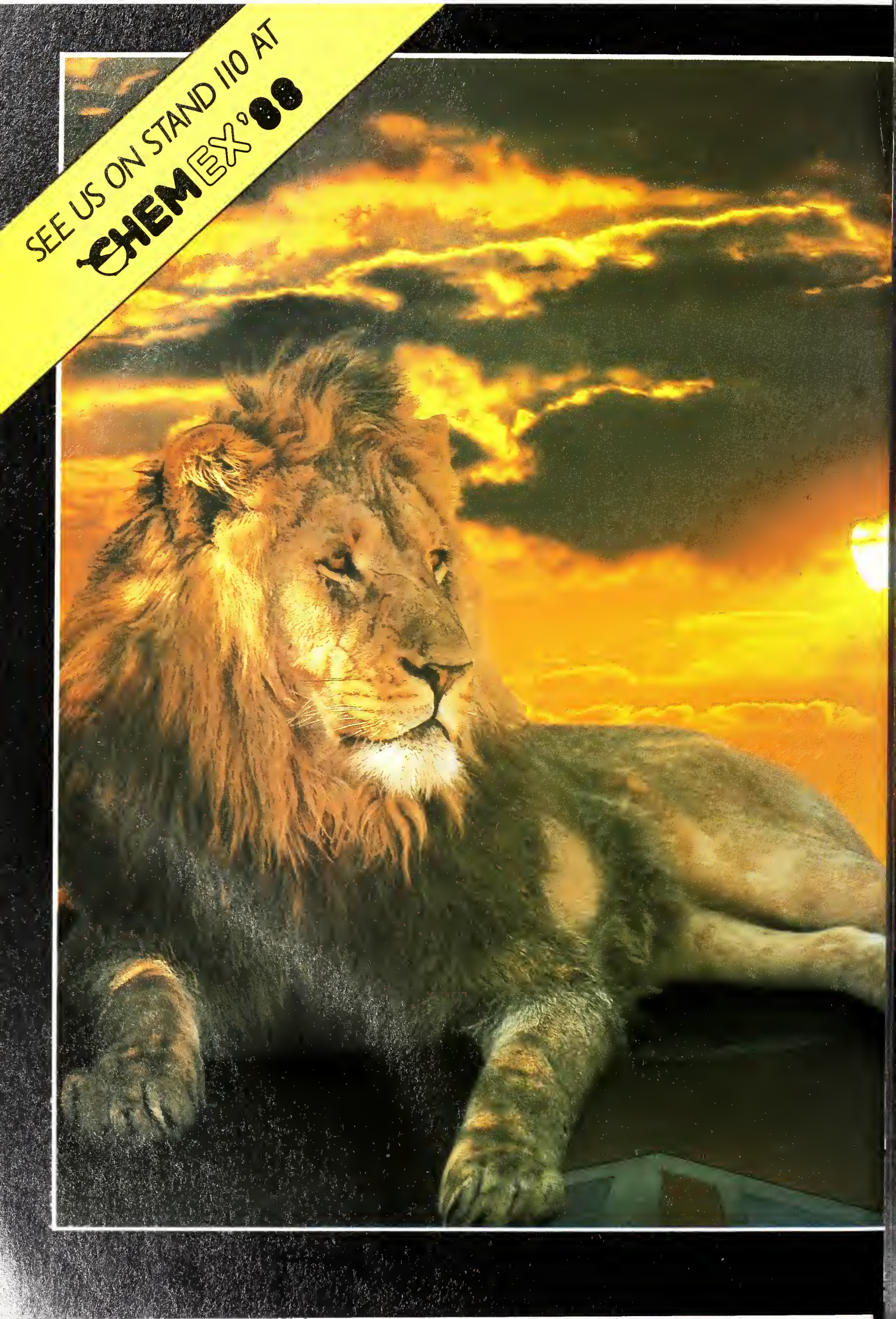
And let's just say that Bic has a nose for what the market wants.

BIC Jour N°1 BIC Nuit N°1 BIC Homme N°1 BIC Sport N°1

BIC

Parfums BIC Pssst! They're the essence of France.

Bic Bic Limited, Whitby Avenue, Park Royal, London NW10 7SG. Telephone 01-965 4060, Telex 25152. Telefax 01-453 1128.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ON TV NEXT WEEK

GTV Grampian
B Border
C Central
CTV Channel Islands
LWT London Weekend
C4 Channel 4
U Ulster
G Granada
A Anglia
TSW South West
TTV Thames Television
TV-am Breakfast Television
STV Scotland (central)
Y Yorkshire
HTV Wales & West
TVS South
TT Tyne Tees

Andrex family tissues:	All areas
Cachet:	All areas except Y,B and G
Colgate toothpaste:	All areas
Dettol:	All areas
Finesse:	All areas
L'Oreal Freestyle:	STV,G,A,HTV,TVS,LWT
Lynx body spray:	All areas
Optrex:	All areas except B,U and TVam
Oxy:	All areas
Ponds Cream & Cocoa Butter:	All areas except GTV,G, and B
Profile extra razor:	All areas
Reach toothbrushes:	C,A,TVS,LWT,TVam
Robinsons baby foods & juices:	TVS,TTV,TVam
Senokot:	All areas
Simple skin care range:	STV,C,A,TVS,TT,C4
Stickers:	All areas
Swaddlers' Togs:	All areas
Vileda supercloth/wash & wipe:	Y,TVS
Vosene:	TVam

COUNTERPOINTS

Maclean up a fortune

Consumers have a chance to win £50,000 cash in a Beecham Toiletries "Family Fortune" promotion for their Macleans Freshmint, Mildmint, Sensitive and Milk Teeth toothpaste brands.

And Beecham say that there will be a £100,000 promotion, and 150,000 entry forms will be made available to retailers. Proof of purchase is needed to qualify, and a bonus chance is offered if they purchase Macleans Sensitive or Macleans Milk Teeth "to help stimulate trial".

Complementary activity includes added value offers on Macleans Mildmint, Freshmint and Sensitive and 10p off next purchase on the Macleans Mildmint and Freshmint 175ml size.

In addition, chemists are offered a free drum of Macleans Sensitive 17ml samples (20 per drum) said to have a combined retail value of £4, with every purchase of a dozen each of the Macleans Sensitive 50ml and 75ml sizes.

Beecham Toiletries. Tel: 01-560 5151.

Garlic helped the Egyptians build an empire.

It'll do the same for you.

Since ancient times the medicinal properties of garlic have been valued. The recent movement towards healthier living has renewed interest in the herb – especially since Höfels developed the new Neo-Garlic pearles, guaranteed odourless and tasteless, and now your best-sellers.

Höfels Garlic Pearles

Now with a full product licence. So you can confidently recommend the range of Höfels Garlic Pearles for the safe, effective relief of catarrh, rhinitis and common cold symptoms.

The Brand Leader – Building Fast

To expand our 75% share of the £4m garlic market we're investing in even more support. From September to December the women's press, colour supplements and the specialist health press will all feature Höfels' ads, and there's more P.R. and new P.O.S. material – beautifully linked by our popular Egyptian theme.

Today the wisdom of the Ancients is working harder than ever – for you.

Build your profits with Höfels

Höfels

ORIGINAL
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AUSTRALIAN NOTEBOOK

Pharmacists and the pharmaceutical industry in Australia may be feeling the pinch as health department purse strings are tightened. But despite the squeeze, Professor Robert Parfitt and his wife Judith report that at least one drug company is donating cash to help some of the country's Koalas that are going blind

Cuts and squeezes in most areas of public expenditure are as rife in Australia as they have been in the UK. Health, education and the social services are all under the hammer of the strong Federal Government departments of finance and the Treasury. A recent public squabble between pharmaceutical manufacturers and the Federal Government — in the form of Senator Peter Walsh, Minister for Finance — reveals the hardly-hidden agenda behind Pharmaceutical Benefits Scheme (PBS) changes made earlier this year. Senator Walsh has claimed that PBS costs will rise from Aus$833m in 1986-87 to Aus$1,499m in 1990-91, and he used this as a major argument for restricting the access to patients of 53 prescription pharmaceuticals. Both manufacturers and the Australian Medical Association have dismissed the Senator's figures as unreliable guesswork. What *is* clear, however, is that the Government intends to reduce PBS expenditure by every available means.

In January this year the membership of a new "independent" Pharmaceutical Benefits Pricing Authority was announced by Dr Neal Blewitt, Minister for Community Services and Health. Neither the pharmaceutical nor medical profession is to have an input into pharmaceutical pricing mechanisms.

According to Dr Blewitt, the idea of making the Pricing Authority independent of Government was "... to create an environment that would encourage a significant increase in export performance and research and development by the industry, together with increased investment, production and employment opportunities". At the same time the Minister announced two policy measures purported to assist the Authority in its deliberations. The first restricts the price differential between alternative brands of the same drug to 20 cents (9.4 pence). The second is a reduction in the wholesalers' margin from 15 to 10 per cent of the price to the pharmacist with a concurrent drop in the price of the product to the pharmacist.

Membership of the new Pricing Authority consists of two public (civil) servants, the chief executive officer of the Australian Pharmaceutical Manufacturers' Association, a consumer representative and a chairman highly experienced in public administration. Immediately the membership was announced, an editorial in *The Australian Journal of Pharmacy (AJP)*, in February, cried "Foul!". What had earlier been a welcomed feature of PBS was now described as "flawed". How, it was argued, could such a loaded authority be expected to derive fair prices for the industry.

Stung by the *AJP* editorial, the Health Minister replied with a lengthy, patronising letter in May to "clarify the misunderstanding apparent in your editorial." Dr Blewitt denied the journal's charges. "After all", he reaffirmed, "the Authority was independent and did not require the help of expert professions to review items listed as pharmaceutical benefits." There is a Pharmaceutical Benefits Advisory Committee but, as the name implies, it can only advise. Incongruously, in his letter, the Minister reiterates the Government's new policy to encourage the development of the Australian pharmaceutical manufacturing industry. Just how the policy assists the industry, he does not explain. International pharmaceutical manufacturers experience enough difficulties bringing innovative products to the market without having to jump serious pricing hurdles.

Endangered species

Here we are not referring to pharmacists but to that cuddly, tree-dwelling marsupial and symbol of Australia, the Koala. On both the East and West extremities of the continent, Koala colonies are succumbing to infection by *Chlamydia psittaci*, a viral bacterium which causes blindness and infertility.

In an effort to raise public awareness of the problem and to raise funds for research, Upjohn are exploiting their cough and cold preparation, Orthoxicol, as part of the "Save the Koala" campaign. Sales of the product will no doubt benefit but so will a research fund to the tune of 1.5 cents per pack. In addition, Upjohn is donating its antibiotic, trospectomycin, for the treatment of sick koalas.

Professor Robert Parfitt is deputy vice- chancellor (research) at the University of Western Australia, wife Judith is a hospital pharmacist.

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p o u r h o m m e

BPC 1988 ABERDEEN

Professor John Midgley, Conference science chairman

Until recently there were relatively few useful drugs available. Today there are over 1,300, but these have evolved from a small number of "lead sources". In spite of planned R&D programmes, serendipity continues to play a major role in new discoveries. But the growth of collaborative research offers exciting possibilities for the rational design and formulation of new drugs, Conference science chairman Professor John Midgley said in the science address on Wednesday morning

Collaboration the way forward in R&D

Drug design is not yet sophisticated enough to allow a dependable prediction of the biological profile of a drug from its chemical structure. The critical stage in current programmes of drug development is still the identification of "lead compounds" with interesting biological activities. But the random screening of large numbers of chemicals is "time consuming and wasteful", said Professor Midgley. Analysis of "lead sources" for the 1,300 or so drugs in the current BNF reveals they fall into approximately six groups (see table 1).

The number of useful agents arising from each lead varies considerably and they may not necessarily belong to the same therapeutic class (see table 2). It is apparent that to develop such compounds requires multi-disciplinary collaboration. Hence, with certain notable exceptions, the development of new drugs has been (and will remain in the forseeable future) virtually the sole responsibility of the research-based pharmaceutical companies, he said.

There are risks inherent in the pharmaceutical research of today, emphasised Professor Midgley. On average 10,000 candidate compounds must be tested to afford one viable therapeutic agent, and the total development period required is 10-12 years. "Until recently it was usual to see 10-20 new chemical entities produced each year in the UK. Since June last year there have been 37 synthetic NCEs, 26 of which have appeared since January," he said.

A major therapeutic innovation requires an R&D investment of anything between £50m to £100m and the development process is complex (Fig 1). Pharmaceutical investment in the UK in 1988, projected at £720m, represents over 10 per cent of the country's total R&D expenditure and is greater than that of any other industrial sector. There are also commercial and political risks. At any stage in the development of a product there may be regulatory intervention or other influences such as patent life erosion.

The pharmaceutical industry is one of the country's top four industrial exporters, and the UK itself one of the top four pharmaceutical exporting nations. "But it must be emphasised that the European Community is committed to achieving a single market by 1992," said Professor Midgley. "Consequently it is disconcerting to learn that over the past 12 years there has been a slow decline in the European market share of pharmaceuticals compared with the USA and Japan."

It is an interesting comment on the times that both the

Table 1: Leads for therapeutic agents in current use (BNF 1988)

Plant products	21
Mammalian products	34
Microbial products	29
Metallic products	12
Special screening	15
Serendipity	40
151 leads for 1,300 drugs	

Table 2: Development of a lead

BELLADONNA
- ATROPINE
  - Homatropine, Atropine, methonitrate, Irgatropium
  - Cyclopentolate, Flavoxate, Tropicamide, Amprotropine
- LACHESINE
  - Procyclidine, Benzhexol, Benztropine, Biperiden, Pipenzolate, Piperidolate, Mepenzolate, Poldine
  - Glycopyrronium bromide, Emepronium bromide, Pirenzepine
- PETHIDINE
- HALOPERIDOL
  - Benperiodol, Droperidol, Pimozide, Trifluperidol, Domperidone, Diphenoxylate, Phenoperidine, Fentanyl, Alfentanil
- METHADONE
  - Dipipanone, Dextromoramide, Piritramide, Ambutonium bromide, Dicyclomine

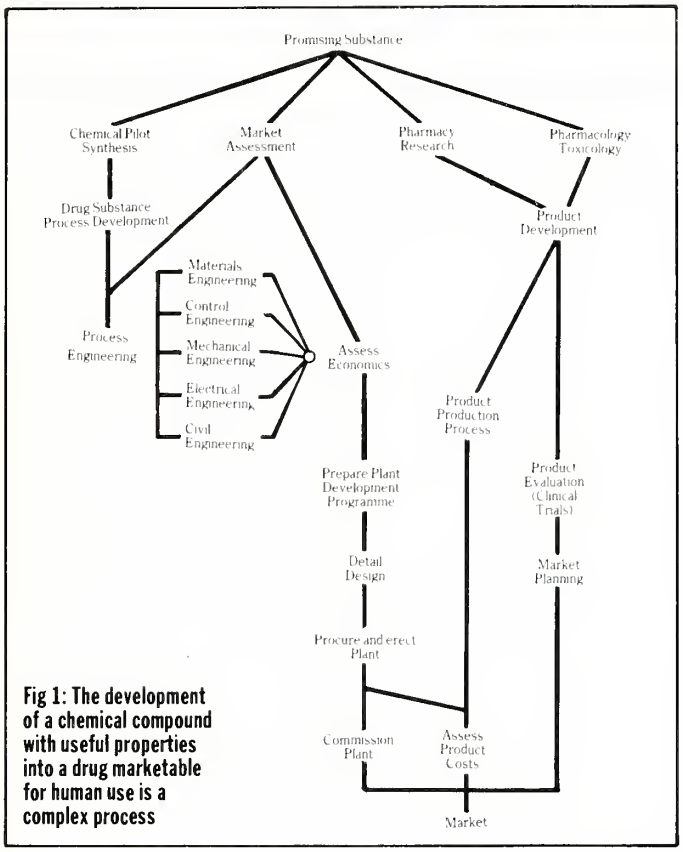

Fig 1: The development of a chemical compound with useful properties into a drug marketable for human use is a complex process

pharmaceutical industry and institutes of higher education should find themselves operating under considerable restraints while, at the same time, being exhorted to support one another, he said. Today there is greater collaboration than ever before, largely stemming from individual initiatives, but a recent Government supported move has been the Link interdisciplinary collaborative programme concerning selective drug delivery and targetting. "The programme is expected to run for four years and cost up to £3m — with £500,000 each from the DTI, SERC and the MRC, the remainder to be matched by contributions from participating firms. There are nine academic institutions, with our schools of pharmacy strongly represented, bidding for the four or five centres to be established under the scheme," said Professor Midgley.

Another example of collaboration is the Strathclyde University Institute of Drug Research, due to be inaugarated in October. Even in the embryonic stages there has been considerable interest from major pharmaceutical companies. But Professor Midgley was critical of today's emphasis on cost effectiveness, saying it eroded the intellectual climate. Funding difficulties discouraged many of the most able post-doctoral scientists from entering academic life, he said.

Paul Ehrlich, who lived at the turn of the century, was one of the founders of modern medicinal science. He devised the term "magic bullets" to describe agents which are highly selective in killing the invading parasite without infecting the host. Serendipity has played a major role in the discovery of "magic bullets". A critical factor in the development of atracurium besylate (Tracrium) came from an unrelated project in natural chemistry. It was observed that the alkaloid petaline (from *Leontice leontopetalum*) underwent Hofmann elimination under surprisingly mild conditions, which suggested the possibility of using such a reaction to produce a neuromuscular blocking agent which would degrade non-enzymatically under physiological conditions to inactive products, said Professor Midgley.

The synthetic antibacterial nalidixic acid was also discovered by chance as a result of a programme to produce antimalarial drugs. It was the prototype for the development of the 4-quninolone class of broad spectrum antibiotics. The manner in which these compounds exert their activity is still intriguing scientists. Certain quinolones also have significant activity against chloroquine resistant strains of *Plasmodium falciparum*. Nalidixic acid and the 4-quinolones are achiral molecules, and while chirality is unimportant for the biological activity of certain agents (surfactants, chelators, heavy metal carriers and inhalation anaesthetics) it is of considerable importance in others.

Receptors may discriminate between the stereostructure of those chiral molecules which they recognise, but they are perhaps better described as stereoselective rather than stereospecific, said Professor Midgley, since they will frequently interact with both enantiomers of a chiral drug with only quantitative differences. If meaningful structure-activity relationships are to be established for a chiral compound in the absence of knowledge of the receptor, the relationship between optical rotation, relative biological potency and the absolute configuration of the enantiomers has to be established.

Until recently it was assumed that racemic drugs contained 50 per cent of an active isomer together with 50 per cent of an inactive enantiomer. However this situation is much more complicated than first supposed, said Professor Midgley. Enantiomers may have similar activities but differ in affinity for the receptor. They may act as competitive antagonists, or have opposite effects not involving antagonism. The less active isomer may antagonise a side effect of the more active isomer, or one isomer may be predominantly responsible for the desired therapeutic action and the other for the side effects.

The undesired action may reside predominantly in one isomer, the therapeutic action in both. The S and R-enantiomers of timolol are equipotent in reducing intra-ocular pressure. However timolol also has potent beta-adrenergic antagonistic activity, but the R-enantiomer is only weakly active. The S-enantiomer is, therefore, preferable for treatment of heart disease and the R-enantiomer the correct choice for glaucoma.

The less active isomer may be selectively involved in biotoxification. For example, selegiline is a potent MAO-B inhibitor and used as an antidepressant and anti-Parkinson drug. The S(+)-isomer is only weakly active but is converted to S(+)-methamphetamine and S(+)-amphetamine which cause an undesirable CNS stimulating action.

'Receptors may discriminate between the stereostructure of those chiral molecules they recognise . . . enantiomers may act as competitive antagonists . . . one isomer may be responsible for the therapeutic action, the other for the side effects'

A recent study of synthetic and semi-synthetic drugs in the US Pharmacopoeia established that 53 were stereoisomerically pure, compared with about 150 which were not. Of the latter most were obviously racemates, but only 25 specified as such. "The therapeutic implications of the administration of racemic drugs to patients are profound and are becoming increasingly recognised. There are also significant implications for the licensing authorities and industry itself," said Professor Midgley. "In effect racemic drugs are the musket balls of yesterday and the corresponding enantiomers are today's rifle bullets."

Drug delivery is currently the subject of intensive effort, said Professor Midgley, and three major areas have been identified: controlled administration via accessible epithelia (eg ocular, nasal, transdermal); the exploitation of transepithelial pathways; and site specific drug delivery, such as prodrugs, suicide enzyme substrate inhibitors, drug polymer conjugates and hybrid fusion proteins.

The targets of such medicines are receptors in the body, but the difficulties involved in the investigation of such structures are enormous. Receptors can be revealed by binding powerful radiolabelled antagonists to them. New types of scanning camera now allow non-invasive receptor imaging to be accomplished in humans. Such techniques have recently been used to show that Parkinson-like symptoms in pethidine addicts can be caused by an impurity in the illicitly prepared compound. The impurity — MPTP — selectively and irreversibly destroys dopamine receptors, particularly in the *substantia nigra*. This raises the question of whether or not Parkinson's disease is due to environmental exposure to MPTP or chemicals with a related structure such as paraquat.

BPC 1988 ABERDEEN

Looking for laughs

Neil Raphael juggles a successful career as a locum pharmacist and writer for television and radio. Surprisingly, his two careers appear to complement each other, as *Best's* Liz Hunt finds out

A chance encounter with one of England's foremost men of letters was, for pharmacist Neil Raphael, an experience akin to St Paul's on the road to Damascus.

He was 29 years old, had dabbled in various branches of the profession, hit the hippy trail to India — albeit in some comfort — and worked as a photographer for the music paper *Melody Maker*. Now, for the first time in his life, he was intent on finding a career rather than a job and the dispensary held little appeal.

But during a weekend visit to Cheltenham in 1982 he was introduced by a mutual friend to Laurie Lee, the celebrated author of "Cider with Rosie" and numerous other novels. "In addition to being an accomplished raconteur and imbiber of good wines, he was possessed of a Goonish sense of humour," says Neil. For some time Laurie and friends had indulged their Goonish tendencies with a series of ad-lib sketches for their own amusement and that of family and other friends.

That weekend Neil joined in. "It was great fun and I found that I could get laughs quite easily," he says. On a second visit a month or so later he adopted a more formal approach and wrote his material first — that, too, was well-received. And so began the writing career that rapidly moved away from drawing room charades to national radio, television and, more recently, film.

However, Neil's first approaches to a local radio station met with rejection. They seemed more interested in shrubberies and steam engines than satirical humour, he says. But well and truly bitten by the writing bug he embarked on a book. Ten pages into his autobiography he decided his skills as a writer of prose didn't amount to much, and a return to script writing would be more profitable.

A six month break from pharmacy to write full time resulted in the "two greatest sit-coms never to hit the screen," he says. Both were rejected by the BBC and ITV without a word of encouragement. A return to pharmacy was imminent when, in true best-seller fashion, Neil Raphael got his break.

"I saw an ad in London's *Time Out* magazine for writers to join a theatre group, so I sent them some sketches. The director contacted me the next day, told me he liked them and invited me along to a writer's meeting.

"This was it, I thought, the big time — watch out Rowan Atkinson, you'll be off the screen within a year. Then I phoned my mum."

A room over the Prince Albert pub, Notting Hill Gate, could hardly be described as the big time, but that was where the theatre-group, "Newsrevue" performed hard-hitting satire three nights a week. And Neil's involvement with them was an invaluable training ground and a rich source of contacts.

A pool of 12 writers submitted sketches each week and his work was used regularly. After six months of playing to pub audiences "Newsrevue" was offered a contract with an independent London radio station, LBC. From January to July 1983 Neil worked as writer and script editor and stepped in as actor and director too, towards the end of the series. He describes the cast at that time as "amazing"; it included impressionist Rory Bremner and comedienne Jessica Martyn, both of whom went onto greater television glory. "Newsrevue" picked up consistently good ratings, says Neil, and was rewarded with second place in the Sony Radio Awards for Comedy in 1984.

Despite the accolades, a second series failed to materialise and so Neil turned to television. At that time "Spitting Image", the show that launched a thousand poison puppets, was in the middle of a not very successful first series. He sent them some sketches but failed to hear anything then, quite by chance, he saw one of his sketches on the show. It was a parody of a current *Guardian* advertisement and definitely his work. "I waited for a few days to see if they would contact me, — but heard nothing. So I rang them. They were pleased to hear from me and they liked my stuff but had lost my address." Neil then met the show's script editors and received tremendous encouragement from them. He wrote regularly for the show for the next two years.

A spell writing cabaret material for Rory Bremner and Jessica Martyn followed — he was Jessica's personal writer for a time — culminating in a visit to the Edinburgh Festival in 1984. Through contacts established there he started writing humorous sketches for Radio 4's "Weekending", similar to those he had written for "Newsrevue". In 1985 he became involved with BBC1's "Record Breakers", a children's show with Roy Castle. Neil wrote for the series until 1987.

But where did pharmacy fit into this, if at all? It had admittedly taken a back seat to his writing ambitions, but Neil hadn't abandoned it altogether. It is a common misconception that anything to do with television results in large pay cheques — it doesn't. But pharmacists with literary ambitions are luckier than most. Starving in a garret can be avoided with a few locums in between cheques and bids for stardom. In quieter dispensaries he even found time to write, but admits to a few pangs of guilt when he should have been out counselling a patient with piles rather than writing a script for the "Saint and Greavsie" spitting images.

And the odd locum is still important today as Neil embarks on a new project, a screenplay written with author Nick Yap. It deals with the Welsh subjugation of the English and the heroine is a flame-haired professor of Medieval poetry. Maggie Smith is being considered for the part — at least by the writers!

Whether or not the script actually makes it on to the screen remains to be seen. Whatever the outcome, Neil Raphael's literary achievements so far aren't all that bad for someone who claims to have failed English Language 'O'level four times.

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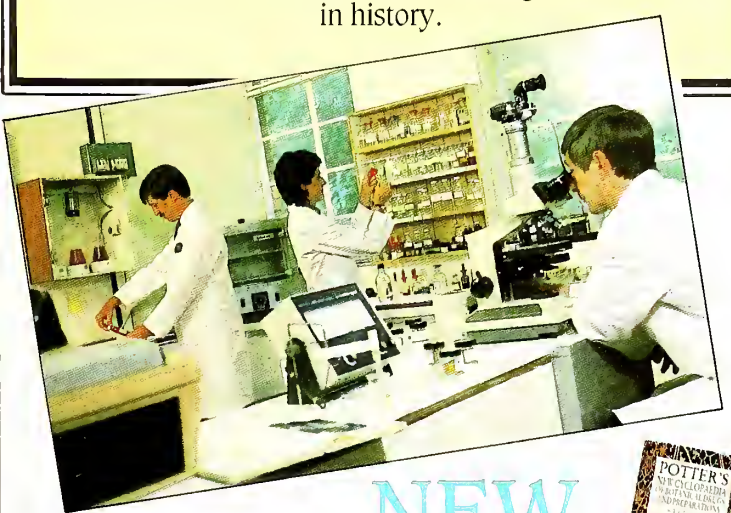

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Dealing with adverse reactions

part II

Using the information from his first article on adverse drug reactions (see *C&D* last week) Steve Chaplin, drug information specialist, now looks at four different cases that illustrate some of the advantages and limitations of applying an algorithm to cases of adverse reactions. A discussion of each case presented appears on p516.

Case 1

A young woman asks for kaolin and morphine mixture for abdominal pain and diarrhoea which have started to occur during her periods. The episodes of diarrhoea last for about a day. She sometimes takes mefenamic acid to stop dysmenorrhoea but, apart from an oral contraceptive for the last four years, she takes no other drugs.

Your interview

The diarrhoea has now occurred in each of her last two periods, the first time only once but twice on separate days last time. She never had this trouble before but she did have painful periods. She doesn't like taking drugs and only takes mefenamic acid when she has to. The GP prescribed this drug three or four months ago and she used to take it as instructed for a week at a time. Now she takes only two or three doses "on the worst days" but she can't remember how much recently. She doesn't usually get an upset stomach although she did once last month after a meal out.

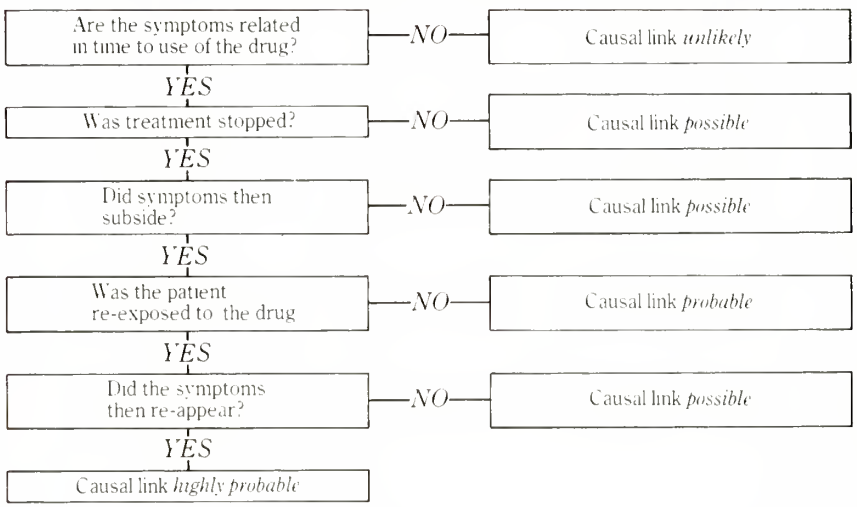
Case 2

A 45 year-old man with insulin-dependent diabetes complains of impotence which he says is "worse sometimes more than others". He suffers from recurrent exacerbations of bronchitis. Apart from his insulin (20 units of insulin zinc suspension twice daily) he has been prescribed diazepam 5mg tds, and timolol eye drops twice daily for open-angle glaucoma. However, he doesn't like applying the drops and does so only on the day before his monthly check-up.

Your interview

This man tells you that he started insulin when he was 15 years old. He started taking diazepam about 18 months ago and about three weeks ago he had the latest of several courses of erythromycin for a chest infection. The doctor gave him the eye drops two or three months ago but after a few days he started feeling "dizzy" so he stopped applying them. He told the GP this but he was instructed to continue treatment. He tried again but the same thing happened so he only takes them just before seeing the doctor to keep him happy. He started noticing problems "down there" some time earlier this year but he thought it was only temporary. Now he finds he's so worried about seeing the doctor that it affects him quite regularly.

Figure 1. Algorithm for determining a causal link between drug and symptoms



Notes
If more than one drug was taken, check each in turn through the algorithm.
If the algorithm suggests that more than one drug seems a probable cause then each drug should be considered a possible cause. The most likely drug might then be inferred from a knowledge of its pharmacology.
Ensure that there is no acceptable explanation for the symptoms on medical grounds.
Adapted from Turner, *Drug Information Journal* 1984: 18:259-66

Case 3

A mother complains that her eight year-old son isn't sleeping well because of recurrent nightmares. He has asthma, chronic sinusitis and persistent cold for which his mother likes to give him the occasional dose of medicine at bedtime. She asks for another bottle.

Your interview

Lately, the boy's mother says, he's had "a chest" but the cough mixture (Actifed) helps get him off to sleep. He's been given one or two spoonsful every night for the past week. He uses a Ventolin inhaler prn. He has been very restless over the past few weeks. He has never been a heavy sleeper but he doesn't usually get nightmares.

Case 4

A 20 year-old woman takes phenytoin 300mg daily for tonic-clonic epilepsy and mianserin 30mg nightly because of recurring depression. Yesterday, she suffered her first seizure since starting phenytoin treatment but she is frightened to see her GP because she is afraid of losing her driving licence.

Your interview

This woman as a regular client. She started phenytoin 300mg daily in September 1985. She doesn't remember having any blood taken recently for a phenytoin level. Since mid-1987, she has become increasingly upset about her inability to conceive although the specialist said "there was nothing wrong". She began mianserin five months ago. Her seizure yesterday was witnessed by her husband.

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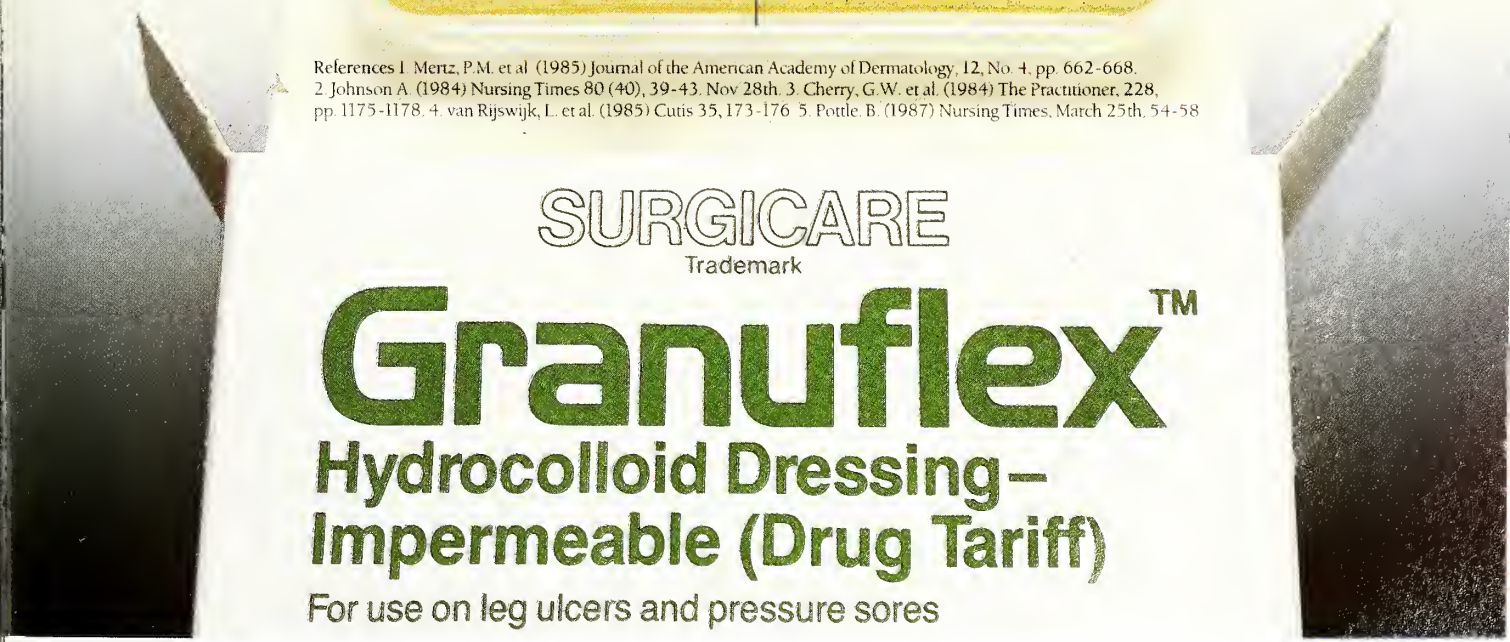

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How did you react?

Case 1

Are the symptoms drug induced?

Using the algorithm on p514, it is clear that the symptoms are related temporally to exposure to the drug, that the diarrhoea subsided when the drug was stopped, and that further exposure to the drug provoked the same symptoms. Although precise details are lacking of how much mefenamic acid was taken and at what time, there is no reasonable alternative explanation for the symptoms. The diarrhoea coincides each time with stopping the oral contraceptive but the woman has been taking this for several years with no problems. There is apparently no medical explanation for the symptoms. The diarrhoea is therefore *highly probably* related to the mefenamic acid.

What action do you recommend?

Mefenamic acid occasionally causes colitis and this seems to have a component of hypersensitivity. There is sometimes a delay of several months before the symptoms begin. Typically, re-exposure of a sensitised person to the drug is followed within hours by severe diarrhoea, sometimes with rectal inflammation and loss of blood. This advese reaction is not dose-dependent and is uncommon: the mechanism is uncertain.

Diarrhoea induced by mefenamic acid is therefore a Type B reaction and your advice should be to stop taking the drug. The woman should return to her GP for an alternative treatment for dysmenorrhoea — ibuprofen might be suitable. You should also encourage the GP to complete a yellow card because, although well known, this reaction is serious. Antidiarrhoeal agents are not indicated in this case but loperamide might be recommended in the acute phase. Kaolin and morphine mixture is unlikely to be effective.

Case 2

Are the symptoms drug induced?

In this case, there are four drugs to consider — insulin, diazepam, erythromycin and timolol eye drops — and two adverse reactions — dizziness and impotence. In addition, this man has an underlying medical problem which could account for his symptoms.

From the algorithm, both insulin and diazepam seem to be *unlikely* causes of either dizziness or impotence because of a lack of a temporal relationship. The patient is vague about when he takes erythromycin but the courses seem to be intermittent and, keeping an open mind, the drug might therefore be a *possible* cause of impotence. The use of the eye drops seems to coincide more closely with the times when he notices impotence and timolol is another *possible* cause. However, impotence is a common effect of diabetes and occurs in about 50 per cent of men who develop neuropathy. The symptoms usually develop gradually over six to 12 months and it may be a coincidence that this man notices these effects most when he has a stressful visit to the doctor.

There is a strong relationship between exposure to timolol and dizziness, confirmed by the patient himself on rechallenge. However, the possibility that this symptom may be an early sign of neuropathy or of a deterioration in the control of his diabetes must be considered, especially if his description of the symptoms might have been incomplete. the algorithm suggests that timolol is a *highly probable* cause of dizziness but this must be qualified by the alternative explanation on medical grounds.

What action do you recommend?

From a knowledge of its pharmacology, neither impotence nor dizziness are an expected *Type A* reaction to erythromycin. Although these symptoms might be an unusual *Type B* effect of erythromyin, they seem more likely to be due to timolol. Sufficient timolol can be absorbed from eye drops to cause impotence and cardiovascular effects such as bradycardia or hypotension which would cause dizziness. These symptoms are typical of beta-blockers generally and are *Type A* reactions. On balance, if the symptoms are drug-induced, timolol is the most likely cause. Since this man is not complying adequately, there will be no problems in substituting an alternative drug such as dipivefrin. However, you should discuss with the GP the possible contribution of the long-term complications of diabetes.

Case 3

Are the symptoms drug induced?

This boy's problems with sleeping seem to have been worse recently, when he has been taking Actified. Using the algorithm, there is a temporal link between the cough mixture and the nightmares. But Actified is only a *possible* cause of the symptoms because there is no evidence that withdrawal of the product has been attempted. Further complicating factors are the boy's history of poor sleep and the possibility that his asthma may be exacerbating the problem.

What action do you recommend?

Actifed may occasionally cause nightmares in small children, although the possible contribution of a febrile illness to these symptoms should not be forgotten. This is a *Type A* reaction, probably due to the central sympathomimetic effects of pseudoephedrine. This reaction is dose-dependent and the likelihood that Actifed may account for the nightmares is strengthened by the high doses (up to 2 spoonsful) the mother is giving.

Although a reduction in dose might stop the nightmares, it would be preferable to withdraw Actifed and refer the child to the GP. This will allow proper investigation of the long-standing problem of poor sleep and the possible deterioration of asthma.

Case 4

Are the symptoms drug induced?

There is no clear link between starting either drug and the onset of symptoms. This woman has been adequately controlled with phenytoin for several years and mianserin was added without any immediate complications. However, while it is suspected that antidepressants may provoke seizures in people with epilepsy, it is uncertain whether this is an acute effect or whether there is a chronic increased risk of seizures. Mianserin is therefore a *possible* cause of the seizure.

Alternative explanations exist for this lapse of control of epilepsy. The plasma phenytoin level may be too low — it should lie within the range 10-20mg/L, but there appears to have been no recent check. It may be a coincidence that there have been no seizures during the past three years despite a possibly subtherapeutic level. Alternatively, this woman may be pregnant and unaware of the significance of this for her treatment. Pregnancy alters the disposition of phenytoin, leading to decreased plasma levels. Dose adjustment is needed in pregnancy and after birth.

What action do you recommend?

It is unclear whether mianserin has contributed to this seizure since there are several plausible alternative explanations. Irrespective of whether this is a *Type A* or *Type B* effect, the mianserin may need to be withdrawn. This woman must consult her GP and her phenytoin level should be checked. If she is pregnant, she should be offered counselling on the possible effects of the drugs and of her epilepsy, on the foetus.

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HELPING YOU TO CARE FOR THE COMMUNITY

MMR vaccine: the whys and wherefores

Some of the questions the public may pose to pharmacists

The biggest change in Britain's immunisation policy for 20 years is the way Lord Skelmersdale, Parliamentary Secretary at the Department of Health, recently described the introduction of the new combined measles, mumps and rubella vaccine to be available from next month.

The Health Education Authority (HEA) wants to impress upon people that measles, mumps and rubella are serious diseases and is planning with the Department of Health a £600,000 advertising campaign to promote uptake of the new vaccine. The HEA points out that mumps accounts for 1,200 hospital admissions in England and Wales each year and is the commonest cause of viral meningitis and encephalitis in children under 15 years old. At least 20 children each year are born with serious rubella damage, because their mothers come into contact with the virus while pregnant. And, so far, the current measles epidemic has killed six children.

It is hoped the new immunisation policy will help eliminate measles, mumps, rubella and congenital rubella syndrome (CRS).

Although the new vaccine is expected to be purchased and distributed to clinics and GPs by health authorities, pharmacists may still receive prescriptions or be asked about the new vaccine. This article based on information from HEA, DoH and Smith, Kline & French, may help pharmacists faced with questions about measles, mumps, rubella and vaccine.

1 *What is the present uptake of rubella vaccine?*
In the last five years or so, 80-90 per cent of 11-14 year old girls have been vaccinated annually. The proportion of women found to be non-immune on screening who are subsequently vaccinated varies; in a study in 1986, 13 per cent of 1,041 such women were not vaccinated post-partum, and 37 per cent of 1,431 women screened before pregnancy failed to be vaccinated. Even with individual follow-up, some women remain unvaccinated and as with all vaccines, a few individuals fail to develop immunity.

2 *What has our rubella vaccination policy achieved?*
The proportion of women of child-bearing age who are susceptible to rubella has been reduced, from 10-15 per cent before vaccination started in 1970 to 2-3 per cent nowadays.

3 *Hasn't this prevented pregnant women catching rubella?*
Not entirely. In 1986-87, laboratory-confirmed rubella infections were diagnosed in 372 pregnant women, many in the early months when there is a 90 per cent risk of major foetal damage. Most of these pregnancies were terminated. The diagnosis of rubella in pregnancy is sometimes missed, with disastrous results to the foetus. Non-immune parous women catch rubella from their children; for these women the risk of infection is three times higher than for women in their first pregnancy.

4 *How can we elimiate CRS?*
Elimination of rubella infection in pregnant women — and with it CRS — can only be achieved by preventing the circulation of the rubella virus. This can only be done by vaccinating young children of both sexes in addition to continuing the present policy.

5 *What is the new policy?*
The present policy of rubella vaccination for girls aged 11-14 and non-immune women will continue. In addition rubella vaccine — as the new measles, mumps, rubella vaccine — will be given instead of single antigen measles vaccine to children of both sexes aged 1-2 years. To speed up the elimination of rubella among primary school children, the new vaccine will be also given to children aged 4-5 years at the time of their pre-school diptheria, tetanus and polio booster.

6 *Will protection from rubella last into adult life following vaccination in childhood?*
There is now evidence from countries where there is a little natural rubella left to boost immunity that protection from the vaccine is long-lasting. However, for individual women in whom immunity has waned, the risk of infection will be substantially reduced when rubella is no longer circulating freely among children.

7 *If girls of 10-14 years will still be vaccinated against rubella, why not give the measles, mumps, rubella vaccine then?*
By the age of 11 years, about 90 per cent of children already have antibodies to measles and mumps; routine vaccination would therefore be largely ineffective at this age. Individual children can be given the three-in-one vaccine at any age if parents request it, but for the greatest effect on the incidence of all three infections, children must be vaccinated soon after their first birthday and no later than four years old.

8 *Will MMR vaccine cause more reactions than measles vaccine?*
Very unlikely. Combined measles, mumps, rubella vaccine has been given to millions of children in North America and Europe for many years and is well accepted.

9 *Who cannot have the new combined vaccine?*
a) Children with febrile illness at the time of proposed vaccination: the injection should be deferred.
b) Pregnant women. Women of child bearing age should avoid pregnancy for one month after vaccination as with rubella vaccine.
c) Children with untreated malignant disease or altered immunity eg those being treated with immunosuppressive drugs or receiving radiotherapy.
d) Children who have had another live vaccine within three weeks.
e) Children with allergies to neomycin or kanamycin or a history of anaphylaxis due to any cause.
f) Children who have had anaphylactic reaction to food containing eggs because the vaccine may contain traces of chick embryo protein. (Dislike of egg or refusal to eat is it is not a contraindication).
g) Children who have had an immunoglobulin injection in the last three months.
Children with a personal or close family history of convulsions can be given the vaccine as long as their parents understand that a fever may develop five to ten days after injection and are advised how to deal with it. For example, if a child appears unwell and develops a temperature — removing clothing, tepid sponging and giving paracetamol may be indicated.

10 *What is the target uptake for the new vaccine?*
The target for children aged 1-2 years is at least 90 per cent and this must be achieved as soon as possible.

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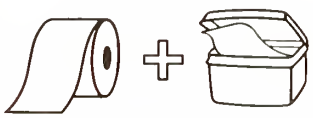

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STATISTICS AGB

Tonic for the troops

Chemists continue to lead the way in sales of OTC medicines but in some sectors drugstores and grocery outlets are showing strong growth.

The defined OTC medicines market measured by Audits of Great Britain is valued at almost £220m for the 12 months ending May/June this year and has grown by 3 per cent in value year on year.

AGB monitor four categories within this defined OTC medicines market: analgesics, cold treatments, cough treatments and indigestion products. The sectors are measured by the company's Market Track service based on interviews with consumers — the same method used to monitor the other personal care sectors covered in *C&D's* bimonthly *AGB Statistics* reports.

Although the OTC medicines market has shown a 3 per cent value growth, volume sales are actually down by some 4 per cent. However, if areas such as vitamins and tonics, hayfever preparations and homoeopathic products are also considered within the OTC arena then the picture is rather different. For example, the £103.9m vitamins market (more recently included in AGB's service) has shown year on year growth of 19 per cent.

Of the four main OTC sectors cough treatments have been the most buoyant growing by some 8 per cent year on year. The sector includes pastilles and lozenges as well as cough liquids.

In outlet terms chemists have kept pace with overall market growth — up 3 per cent year on year. In contrast, drugstores, although moving from a smaller base of just over 5 per cent share, increased their value share of OTC medicines sales by 12 per cent year on year. Volume sales through drugstores, however, were static.

In the £93.9m analgesics sector chemists' sales still dominate and have grown just ahead of the market. Grocers have a strong presence with 20.1 per cent (up 4 per cent year on year) showing perhaps that analgesics may be becoming more of a shopping basket item. Other trends in consumer purchasing include a move towards buying for future use such that around half analgesics are nowadays bought as a contingency measure. A few years ago some two-thirds of analgesics bought were for immediate use.

Headache is still the main reason for buying analgesics but products for more specific pain such as backache, muscular pain and dysmenhorrea, are taking off. And perhaps because people are buying more for future use they are tending to go for what are seen as "strong" painkillers and those that can cope with a range of pain type. Analgesics such as Nurofen are coming up strongly but often only at the price of costly advertising.

The Reye's Syndrome episode sparked an interest in child specific preparations although the percentage share for these products is still quite small.

Cold treatments, including products such as Lemsip, Beecham Powders and decongestants, have performed less well than cough products. Chemists have fallen behind the overall year on year growth of 3 per cent for cold products, taking the market to £35.9m for the year to May/June, although they still account for 71 per cent of sales value. Again the growth in the value of business hides a fall in volume trade — down some 3 per cent year on year.

Drugstores have shown good growth in cold treatment sales — up 11 per cent year on year to a 5.3 per cent share. Grocers are moving up too accounting for 20 per cent of sales. Growth in these two areas partly reflects greater product facings.

Cough product sales worth £54.9m (up 8 per cent year on year) received a boost after the limited list was introduced. This is one of the few categories that has shown volume growth as well as improved sales value.

Chemists are again dominant with 84 per cent of value business. And with these products AGB Market Track interviewees mainly reported they bought on recommendation of a pharmacist, pharmacist's assistant or doctor.

However, in this sector too, drugstores are showing gains — value sales were up 20 per cent year on year to 3.2 per cent and grocery outlets now account for 10.7 per cent of sales helped perhaps by the resurgence of Venos which suffered a setback in share when the limited list became operative and Actifed and Benylin "ran riot".

Around 25 per cent of the consumers' money is spent on cough treatments to be used by a child or the family generally.

Pastille and lozenge formulations still feature, accounting for some £14m of sales and are growing strongly. A lot of grocery's growth in the cough area has come from sales of these products.

For chemists the £35m indigestion sector has not been such a good story. Sales were down 9 per cent year on year to 59.5 per cent against an overall market fall of 3 per cent by value. But it's an area where they have been traditionally less strong because of sales through grocery (23.3 per cent share — up 2 per cent year on year) and drugstores

OTC MEDICINES — SECTOR TRENDS (CONSUMER EXPENDITURE BY VALUE)

	1987	1988		Bimonth 1987			1988		
12 M/E	M/J	M/J	% change	M/J	J/A	S/O	N/D	J/F	M/A	M/J
Total market (£000's)	212,733	219,772	+3	29,852	26,868	34,094	43,770	43,216	38,631	33,201
	£000s'			£000's						
Analgesics (inc liquids)	90,609	93,879	+4	13,922	14,479	15,288	15,533	15,367	16,834	16,419
Cold treatments	35,022	35,937	+3	3,192	2,813	5,138	8,802	8,118	6,226	4,426
Cough treatments	50,783	54,859	+8	6,513	5,175	7,960	12,629	13,070	9,765	6,581
Indigestion remedies	36,326	35,103	−3	6,226	4,001	5,978	6,805	6,661	5,484	5,774

TRADE SECTOR SHARES — OTC MEDICINES

	1987	1988		Bimonth 1987			1988		
12 M/E	M/J	M/J	% change	M/J	J/A	S/O	N/D	J/F	M/A	M/J
Total market (£000's)	212,733	219,772	+3	29,852	26,868	34,094	43,770	43,216	38,631	33,201
	%	%		% value						
Total chemists	73.2	72.8	+3	71.9	74 4	71.5	73.9	73.0	71.3	72.7
Total drugstores (inc Woolworths)	5.3	5.7	+12	5.9	5.4	6.1	6.0	5.1	5.1	6.7
Total grocers	17 9	18.3	+5	18.5	17.6	19.1	16.3	18.5	20.2	17.8
Others	3.6	3.2	−7	3.7	2.6	3.3	3.8	3.4	3.4	2.8

TRADE SECTOR SHARES — VITAMINS

	1987	1988		Bimonth 1987			1988		
12 M/E	M/J	M/J	% change	M/J	J/A	S/O	N/D	J/F	M/A	M/J
Total market (£000's)	87,413	103,911	+19	15,119	11,721	16,506	16,254	22,266	18,319	18,847
	%	%		% value						
Total chemists	53.4	53.6	+19	51.3	47.5	50 3	64.3	54 9	46.8	56.3
Total drugstores (inc Woolworths)	8.5	9.7	+36	11.3	5.9	11.2	6.9	8 7	12 6	11.7
Total grocers	6.4	7 6	+40	8.4	7.2	6 3	4 9	8.7	10.0	7.8
Health stores	23.9	22.7	+13	21.2	27.4	25.9	22.9	21.1	19.1	21.9
Others	7.8	6.4	−3	7.8	12.0	6.3	1.0	6.6	11.5	2.3

(11.7 per cent share — up 24 per cent year on year). Unlike cough products recommendation for indigestion treatments seems to come more often from friends and relatives which does not necessarily determine where the products are bought.

As for brands, people seem to be sticking to the traditional favourites. Rennie still dominates accounting for over 25 per cent of the money spent in this market.

As with analgesics people are tending to go for what they see as "stronger" preparations boosting brands like Bisodol. But other products that suffered delisting from NHS prescription have not done so well.

Because monitoring of vitamin sales began after the four OTC sectors already discussed they are considered separately.

Again sales through chemists dominate but it is here that health food shops begin to figure quite strongly with drugstores and grocers taking a back seat, although sales through both are growing.

Health food shops are selling mostly single vitamin preparations and supplements, with grocers and drugstores selling mainly vitamin C and multivitamin products. Chemists seem to be selling across the range.

Growth in the vitamins market has been very much concentrated around multivitamins. But perhaps the biggest boost to sales was given by the QED programme on television which showed the results of a study on the effects of diet on school children's performance. Vitamin sales in November/December 1987 (before the programme) stood at £16.3m and then jumped to £22.3m in the first two-month period of this year (after QED was broadcast) and have remained high for the following two bimonth monitoring periods.

Sanatogen has done very well from the increased spend and 14 per cent of consumers have been buying vitamins for the first time this year. Tandem IQ from Larkhall Laboratories, the brand used in the QED study does not appear to have done as well as the Fisons product following the study's publicity.

Looking at the other personal care sectors — cosmetics and defined skincare, fragrances and toiletries — the overall market is up 6 per cent in value year on year comparing the 12 months to May/June this year with the previous 12 months.

Most of the growth has come from toiletries and haircare sectors. Multiple grocers have been making the most of the running with sales up 15 per cent year on year, to a value share of 20.4 per cent.

Chemists' share is holding up best in the cosmetics and defined skincare area (up 3 per cent year on year to 41.9 per cent against no overall market growth). They have lost most in hard toiletries (down 6 per cent to 34.3 per cent against overall sector growth of 3 per cent) and oral care (down 4 per cent to 25 per cent against overall sector growth of 7 per cent). Indeed there is a heavy swing of hard toiletries sales away from chemists to grocery outlets. For example, sanpro, traditionally a chemist line, is now more often bought from grocery stores.

Even in the cosmetics and defined skincare sector though, chemists may face stiffer competition because among the "other outlets" on AGB's charts the Body Shop is growing nicely and tend to be strong in cosmetics and skincare helped by the current vogue for all things natural.

TRADE SECTOR SHARES — TOTAL INDUSTRY (PERSONAL CARE)

	1987	1988		Bimonth 1987			1988			
12 M/E	M/J	M/J	% change	M/J	J/A	S/O	N/D	J/F	M/A	M/J
Total market (£m)	2,119.0	2,236.5	+6	356.8	359.5	353.4	463.1	326.5	353.9	382.2
	%	%					% value			
Total chemists	37.6	36.5	+2	37.7	37.0	35.7	38.9	36.5	34.6	35.8
Drugstores (incl Woolworths)	12.6	12.4	+5	12.4	12.6	12.7	11.1	13.1	13.2	12.9
Multiple grocers	18.8	20.4	+15	20.4	20.1	21.0	16.0	22.6	22.8	21.6
Other grocers	4.6	5.0	+11	4.8	5.0	5.0	13.6	5.1	6.3	5.2
Department stores	9.6	9.6	+6	8.6	8.4	9.2	14.2	8.9	8.0	7.7
Other outlets	16.8	16.1	+1	16.2	16.9	16.4	16.2	13.8	15.1	16.8

MARKET & SECTOR TRENDS (PERSONAL CARE) — VALUE (CONSUMER EXPENDITURE)

	1987	1988		Bimonth 1987			1988			
12 M/E	June	June	% change	M/J	J/A	S/O	N/D	J/F	M/A	M/J
Total market (£m)	2,119.0	2,236.5	+6	356.8	359.5	353.4	463.1	326.5	353.9	382.2
	£m	£m	%	£m	£m	£m	£m	£m	£m	£m
Cosmetics & def skincare	392.2	391.2	N/C	66.9	56.4	64.7	80.1	56.2	68.5	65.3
Fragrances	364.8	381.3	+4	45.7	53.1	55.3	129.3	16.5	48.4	48.7
Haircare	413.8	462.5	+12	74.2	75.1	76.0	74.6	74.7	79.7	83.4
Bathroom toiletries	580.2	617.7	+6	106.7	110.0	94.6	117.1	85.2	93.4	117.3
Hard toiletries	196.6	202.6	+3	34.7	36.5	33.9	31.5	33.1	31.5	36.3
Oral care	169.6	181.2	+4	28.6	28.3	28.9	29.5	30.9	32.3	31.2

POSTBAG

Paying locums professionally

Having campaigned regularly for a true professional fee for *locum tenens*, I do not apologise for once again returning to my soapbox.

Community pharmacy post-Nuffield now rightly considers itself a true profession operating in retail surroundings. Surely it must now be seen to be offering professional remuneration for its part-time staff.

Compare community pharmacy to any other organisation employing one day, short or long-term temporary personnel; the latter invariably have to pay 50 per cent over normal rates for their professionals. Community pharmacy? It apparently offers 50 per cent below!

'Pay locums £20 per hour!'

Calculations for pay using an average pharmacist salary as now advertised, plus holiday pay and NIC, easily equate to at least 50 per cent above the hourly rates being paid at present by the independent multiples and other pharmacies.

If, however, the "50 per cent above" rate is applied, *locum tenens* rates should be approaching £20 per hour. With the highly apparent vast increases in present day pharmacy prices these rates of pay are clearly capable of being paid.

Let it not be forgotten that the annual cost inquiries pick up any and all increased costs, which are then reflected in increased professional fees.

If pharmacists are to be considered still as monkeys and not professionals, keep on paying peanuts!

David Thomas
Wolverhampton

Repairing a Kirby Lester

When my Kirby Lester tablet counter (MK7) stopped working last week I was dismayed because the makers told us a couple of years ago parts were no longer available.

It might be helpful for other pharmacists to know the counters can be repaired by QTR Micro Fix at Broadstone, Dorset, telephone 0202 602814. They have the circuit diagram and were able to repair my Kirby, new chip, new transformer and a heavy duty reset button in three days at a charge of £32 plus VAT. There must be others who would be quite pleased not to have to spend some hundred pounds or so for a replacement?

I am sorry Kirby Lester are unable to help with these machines any more since they have been very helpful to me in the past, but I imagine it is a matter of economics for a main manufacturer as opposed to those of a small specialist repairer who perhaps has a wider range of suppliers for components.

Kenneth Sims
Parkestone, Poole

Colour coded ethics

The code of ethics operated by the Pharmaceutical Society is a black and white document. It states what a pharmacist may or may not do.

The comment by Xrayser regarding the touting letters issued by Boots and Kingswood appear to have introduced a new code of ethical colour — that of murky grey with a strong strain of indecision. Personally I consider the Boots' letter should include the information that all chemists would offer 10 per cent discount, out of hours service, extended opening hours, and that nursing homes/residential homes should telephone any pharmacy to arrange a visit, or make an appointment to discuss the matter further. Likewise the Kingsway letter.

Otherwise, both these companies should be hauled before the Ethics Committee within the strictures of the black and white code of ethics.

Within the last two years the Society's inspector locally dealt firmly and immediately with an independent pharmacist who had taken to telephoning local homes not serviced by him offering a delivery service, discount etc. This would not appear to be the case now. The Pharmaceutical Society must state clearly the policy they allow in order that we may all make polite written and verbal gestures at the unsuspecting residential and nursing home owners.

J. Furey
Tunbridge Wells

Pharmacist David Hamblin (right) of Rees T. Coghlan Chemists of Loddan, Norwich receives his prizes cash register from national accounts manager, David Phipp of Searle Consumer products, after winning a joint Searle/Numark competition on Canderel and Flix sweeteners

BUSINESS NEWS

OFT investigation goes against Unichem

Unichem's share scheme has been ruled anti-competitive by the Office of Fair Trading.

The share scheme, launched in December 1987, enables Unichem to win a greater share of the market, not by cutting prices or improving service to pharmacists but by offering them an inducement, says the OFT. As defined by the Competition Act, then, it distorts competition in the wholesale supply of pharmaceuticals, chiefly ethicals, and unless this anti-competitive effect is removed the issue will be referred to the Monopolies and Mergers Commission.

This is the verdict of Sir Gordon Borrie, director general of Fair Trading in a report which was due to be published on Thursday. It comes four months after his decision to launch an investigation under the Competition Act 1980.

"Unichem win share ...not by cutting prices or improving service but by offering inducement"

The report stresses that it would be for the MMC to decide whether any practice can be justified on the grounds of public interest, not the OFT. And they are not concerned with Unichem's intention to convert to a plc.

The focus of the Office's inquiries has been Unichem's proposal to allocate shares in relation to the value of goods purchased from it and it is this one feature which makes the scheme anti-competitive, says the OFT.

The bulk of the report comprises evidence from Unichem, their competitors, and organisations including the National Pharmaceutical Association and the DoH. Five pharmacists wrote to the OFT, all speaking against the scheme.

Unichem have argued to the OFT that competitors are free to match their scheme with discounts of their own; they say 57 of the new members signed up since the share scheme was announced failed to start trading with them due to improved terms being offered by the original supplier. Most suppliers admitted to some variation of their published discount terms. But this 'discount term' response has been limited, says the OFT because there is little scope for price competition between wholesalers in a regulated market. The OFT noted shares, a so called "equivalent discount" had certain special features.

For example the discount is deferred until 1990/flotation and only realised on the selling of shares; its size depends upon the value of shares at the time; it requires a pharmacist (except those retiring) to stick with Unichem until flotation, and it does not involve any loss of revenue to Unichem per unit sold like an "ordinary discount". While Unichem has said the discount will not be subject to clawback by the DoH, the Department reported to the OFT that it was still considering the matter.

The OFT report noted that the "discount" relates to purchases between 1988 and 1990 and takes no account of the levels of previous expenditure which have contributed to Unichem's value.

While it would be legally possible for Unichem's competitors to issue purchase related shares there would, the OFT observes, be practical difficulties in doing so relating to the Companies Act 1985. Even when shareholders give up their right to a company's share, issued capital to new customers can not be more than 5 per cent in any year and only 7.5 per cent over a three year period — thus providing a limited incentive to pharmacists, says the OFT. And quoted companies are not so free to advertise — as Unichem have done — on the likely value of future shares.

But the OFT says competitors inability to match the scheme does not make it anti-competitive.

The evidence shows that Unichem's market share has increased as a result of the share scheme. AAH claim they have lost business equivalent to £47m a year as a result of the scheme. They claim, as at May 1988, 204 accounts representing 289 outlets had been lost to Unichem, and a further 152 outlets had significantly reduced their purchases from AAH.

The OFT note Macarthy have lost a "substantial amount of business" to Unichem because of the scheme, which also played a part in their recent nationalisation.

All 21 regional wholesalers who participated in the investigation said they had lost some business to Unichem; between them they had lost more than 100 accounts and it is thought perhaps twice as many had reduced the amount spent with them. The annual value of business lost in this sector exceeds £16m, says the report. Most regionals believed the continuation of the share scheme would have serious consequence, a number said their profitability, already low, was in fact threatened, and nine felt there was a possibility they would no longer be viable in 1990.

NPA: "concerned wholesalers will got out of business"

The National Pharmaceutical Association reported to the OFT that it was essential their members have constant access to an efficient wholesaler service and they were concerned the Unichem scheme might result in other wholesalers going out of business, so leading to a reduction in choice available. This adverse effect, the NPA told the OFT, would be resolved if Unichem went public immediately or if the allocation of shares was independent of the value of goods purchased from them. Again, the OFT stress that it is not the aim of winning market share which makes the scheme anti-competitive but features "distinguishing it from the usual competitive cut and thrust."

The inducement Unichem are offering in return for business solely rests on shares which can realise, on conversion, their market value and which are linked to purchases. The effect, says the OFT, is that new business is being bought with discounts largely financed out of the market value of the business accumulated from previous spending of Unichem members. It does not, says the report, relate to efficiency of quality or involve a loss in revenue per unit sold, in the way that an ordinary discount would. It is this which distorts competition, says the report.

The other two matters relating to Unichem's allotment of shares and the investigation were not considered anti-competitive.

The increase in the allocation of shares from 400 to 600 to certain pre-1974 members, which took place earlier this year was done retrospectively and so did not effect members buying patterns, says the OFT. And the initial allocation of shares to members when they join Unichem and the fact the new monthly minimum purchase requirement was increased from £1,000 to £3,000 was approved as the OFT believed it possible to meet this while still using Unichem as a second wholesaler.

Unichem had also reported to the OFT that it saw disadvantages stemming from their friendly status — no access to new equity to fund diversification, for example, little flexibility when competing on discounts (they have no right to discriminate), no right to trade with multiple and publicly quoted retail pharmacies and dispensing doctors. They said that having announced their intention to float they saw the share scheme as a means of withstanding expected competition during the transitional period. They said they believed their capital value of the future depended on the sales performance now.

Unichem writ for AAH

After the close of AAH Holdings' AGM on Wednesday, chairman Bill Pybus was served with a writ by Unichem, alleging libel in his chairman's statement contained in the 1988 Annual Report & Accounts. Mr Pybus has said the writ will be very vigorously defended.

Unichem/Richardson join forces

Unichem and John Richardson Computers have joined forces under a formal arrangement they believe will result in the best features of both systems being combined.

The new system will be available only to Unichem members though JRC can continue to supply their existing Sanyo labelling and patient record system to customers who want it.

The move comes as a result of increasing interest in patient medication record systems and the DoH's recent decision to progress towards computerised prescription pricing by 1990. "The development will give rise to a wealth of stock control and management information," according to David Walker, Unichem's management services director.

Unichem will continue to maintain its own product file for medicines and counter lines and will play a role in the development of the Prescription Pricing Authority linkage, particularly relating to electronic communications. However it is understood they will not be independently developing the Prism system any further.

Unichem members using the JRC Sanyo system will be converted free of charge. Mr Richardson says he is hoping to have an IBM PS/2 system converted to run on JRC software shortly, but because there are likely to be some hardware alterations required there may be a small charge for Prism members converted to JRC software. Full details will be available on the JRC stand at Chemex.

Under the agreement JRC will operate tele-help facilities from Preston and guarantee on-site repair or replacement within hours, as well as developing new software in line with legislation.

SDP debate Sunday Trading

Demands for the reform of the Sunday Trading laws to permit all shops to open between noon and 6pm will be debated at the SDP conference at Torquay on Sunday.

Mr Bernard Hughes, from Westminster, with the support of 24 other members of the Council for Social Democracy has tabled a motion advocating that medicines should be included in the category of goods which could be sold at other times on Sundays as well.

The motion also suggests that shop hours during the week should be relaxed, particularly on Friday and Saturday evenings.

The motion recognises the need for safeguards for shopworkers who do not wish to work on Sundays, and urges that they should be given statutory protection to prevent them from being compelled to do so.

R&C report profit rise

Reckitt & Colman have reported good results for the first half of 1988 with profits rising in toiletries and pharmaceuticals.

Group sales fell from £740m to £682.5m, chiefly, says the company, as a result of selling off some businesses, but good profit margins as well as a lower tax charge and reduced interest bill helped produce a pre-tax profit figure up 15.5 per cent to £89.14m. Pharmaceutical pre-tax profits rose by 17.2 per cent.

COMING EVENTS

Tuesday, September 20

Eastbourne Royal Pharmaceutical Society Postgraduate Medical Centre, Eastbourne District General Hospital, joint meeting with the Eastbourne Medical Society. A talk by Commodore John Wacher entitled "Tales of a Master Mariner", and Buffet supper at 7.30pm.

Thursday, September 22

Weald of Kent Branch, Royal Pharmaceutical Society Postgraduate Centre, Kent & Sussex Hospital, Tunbridge Wells, 7.45pm for 8pm. Dr Hopkin Maddock, Council member will provide an insight into the problems and opportunities currently under discussion at Lambeth.

Wirral Branch, Royal Pharmaceutical Society Postgraduate Medical Centre, Clatterbridge Hospital, at 8pm "Nebulisers in Question" by Pam Butterfield. Supper will be provided.

Friday, September 23

Southampton Branch, Pharmaceutical Society, Skittles evening, Cart & Horses, Kingsworthy, 7.30pm.

IN THE CITY

The September results season kicked off with a bang as companies small and large reported bumper profits.

However, stock market sentiment is still dominated by fears of excessive growth in the economy, pushing up inflation and interest rates. The overwhelming evidence of corporate health had little effect on market indices which continue to head South.

Against this background, pharmaceutical stocks outperformed the FT All Share as sterling weakened and a number of corporate developments gave cheer.

Shares in Glaxo, which have been in the doldrums for much of this year, have had a good run on the strength of hopes for its anti-migraine compound, still called GR 43175. Since it gave a presentation at the beginning of September, its shares have climbed 52p. Morgan Stanley doubled its sales forecast for the product to $800m and said even that may be cautious. GR 43175 is due to be launched in 1991, no doubt with a more memorable name.

Fisons made two strategically important acquisitions when it bought Italian pharmaceuticals company Italchimici and a few days later unveiled the purchase of Pennwalt Pharmaceuticals in the US, reinforcing analysts' already positive view on Fisons.

The outlook on Beecham's research and development pipeline was dealt a severe blow when it suspended the clinical development programme in patients with high blood pressure of its drug cromakalin. The drug was seen as Beecham's potentially most exciting but now its chances of coming to the market are thought to be less than 50 per cent.

The news came hard on the heels of the ISIS-2 study on streptokinase, that will probably hamper the marketing of Beecham's other heart drug Eminase and Beecham's shares are likely to underperform.

Elsewhere in the sector, London International took a knock as profits expectations were downgraded on news that the condom market growth rate has dropped from 19 per cent to around 9 per cent.

Reckitt & Colman's interim profits were ahead of expectations and also gave the first indication of the offset of its recent disposals. The main effect was an immediate 2 per cent boost to operating margins to 13.1 per cent. Full year expectations were upgraded.

Eisai R&D move into UK

Eisai, one of the largest pharmaceutical companies in Japan, have established research organisations in Europe and the United States of America to conduct clinical studies of their own new pharmaceutical products.

The European company, Eisai Europe Ltd, will be at Trafalgar House, Hammersmith International Centre, 2 Chalkhill Road, London W6, and will promote the development of a new anti-hypertensive agent, clinical studies for which are being carried out in collaboration with Sandoz AG. It will also play a leading role in conducting phase one and phase two studies to meet international requirements for Eisai's new products: in the pipeline is a new anti-platelet agent.

Eisai's United States clinical research base (Eisai America Inc) is at Teaneck, New Jersey. Its principle role is to conduct clinical trials and drug regulatory activities for the US. The first compound to be investigated here will probably be an injectable cephalosporin antibiotic.

In establishing these two companies Esiai are making a step towards a simultaneous development and registration of products in Japan, the United States and Europe, the three major pharmaceutical markets of the world. It is believed to be the first time a Japanese company has had direct liaison for clinical trials in the UK.

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ABOUT PEOPLE

C&D team boosted

Chemist & Druggist has appointed three more journalists to its editorial staff: Penny Harris as Beauty Reporter; Eileen Wilson as Technical Reporter, and Bill Wibley as Reporter.

Penny Harris will cover the Counterpoints pages and beauty-related features.

After completing a BA (Hons) degree at Jesus College, Cambridge, Penny became an executive officer with the Periodical Publishers Association in London, before joining Benn Publications a year ago, working on sister publication *Packaging Week* as a news reporter.

Eileen Wilson graduated from Sunderland Polytechnic in 1984 with a BSc (Hons) in Pharmacy, after preregistration training at King's College Hospital in London, worked at Guy's Hospital for two and a half years as a Basic Grade pharmacist and then Staff Pharmacist in Paediatrics.

Bill Wibley recently joined *C&D* following some 12 years as a proprietor pharmacist and over 20 years with BDH, Evans Medical and Regent Laboratories, being appointed Technical Director there in 1970. He studied at Chelsea School of Pharmacy and was awarded a PhC diploma in 1953.

"Think Back" week from October 10-16 is being organised by the National Back Pain Association and is being sponsored by Crookes Healthcare. At a recent Press conference to announce the "Think Back" week Nurofen group product manager Graham Gilbert (right) met president Lord Joseph (left) and NBPA chairman Stanley Grundy

Health unions picket Aberdeen Conference

A demonstration — an unusual sight for a British Pharmaceutical Conference — greeted Scottish Health Minister Michael Forsyth at Wednesday's opening session.

Members of the health unions GMB, NALGO, COHSE and NUPE were protesting against the latest round of competitive tendering exercises in Scotland.

GMB branch secretary Bill Fowler told *C&D* that plans to bring private contractors in were now facing internal domestic, portering, catering and "maybe pharmaceutical departments".

Mr Fowler suggested that the Grampian Health Board was short of funds to the tune of £5m this year. "We owe it to the public of Aberdeen to do all we can to fight Government policy," he said.

☐ There was also a small demonstration by animal rights activists outside the Music Hall, before the opening ceremony.

Ocean wave

A fishing festival might not seem the obvious place for a pharmacy but at a recent show in Fraserburgh on the NE Scottish coast, pharmacist Robert Baird took a stall to display the first aid equipment used in fishing boats.

He and his staff also set up resuscitators and dummies for some of the 15,000 who toured the festival port to try it out.

Mr Bair's Fraseburgh pharmacy has been supplying medicines, dressing and surgical equipment to fishing vessels since he started business 14 years ago.

Health care Chinese style

China spends much less of its national wealth on health care than many Western countries and yet has achieved a standard of health that bears comparison to that of the richer nations, according to a "Health Care in China" booklet published by the Office of Health Economics.

The People's Republic of China spends only 3.2 per cent of its gross domestic product on medical care compared with 5.9 per cent in Britain and over 9 per cent in countries like France and Sweden.

The booklet is written by Yinong Shao from Habrin Medical University in China, a visiting scholar with the OBE and working at Brunel University.

An indication of the improvement in China's national health comes in infant mortality figures. From 1949 to 1985 the rate in cities has dropped from 120 per 1,000 live births to 14. The figure for Britain is nine. Life expectancy has increased too, from 35 years in 1949 to 67 for men and to 71 for women in 1985. British men and women have a life expectancy of 72 and 78 respectively.

"Health Care in China" by Yinong Shoa, £1.50 from the Office of Health Economics, 12 Whitehall, London SW1A 2DY.

APPOINTMENT

LRC: John Day is appointed trade marketing manager. Mike Steinle has joined the company from Scholl taking on the new position of general manager responsible for Health and Beauty Aids and Marigold Consumer Products, an area previously handled by Clive Kitchener who will now concentrate on the family planning side. In the family planning sector Euan Venters has moved to the post of general manager (marketing) swapping roles with Mike Broadbridge who moves to general manager (marketing) Health and Beauty Aids.

Typesetting and graphics by Magset Ltd, Sidcup, Kent. Printed by Riverside Press Ltd, Whitstable, Kent. Published by Benn Publications Ltd, Sovereign Way, Tonbridge, Kent TN9 1RW. Registered at the Post Office as a Newspaper 33/23/16 Contents

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